



Ambassador Application

Thank you for your interest in becoming a Castle Pines Chamber Ambassador. Please complete this application and return to one of the Chair(s) or Sharon. All responses are kept confidential. For more information, call Sharon at 303-688-3359.

Name: _____ Title: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Website: _____

Why are you interested in joining the Ambassador Committee?

What strengths, characteristics and experience would you bring to the Ambassador Committee and the Castle Pines Chamber of Commerce membership at large?

Organizations or Service Club involvement:
