**AMBASSADOR OF THE YEAR NOMINATION FORM**

**Objective:** *To recognize an individual who has demonstrated a high level of commitment and service through volunteering to represent the chamber at chamber programs and events as well as promote the chamber within the community.*

**Criteria:**

* Serves on the chamber ambassadors committee
* Extended period of continuing service and involvement at chamber events, programs and other activities
* Dedicated to promoting the chamber in the community
* Successfully recruits new members to the chamber

**Guidelines:**

* **All fields on this form must be completed to be considered for the award**
* Must be a current Jackson County Area Chamber of Commerce member
* Individual may not nominate self
* Eligible to win the award every other year

**Individual Information:**

|  |  |
| --- | --- |
| Name |  |
| Business Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone Number |  |

|  |  |
| --- | --- |
| How has the nominee shown an extended period of continuing service and involvement at chamber events, programs and other activities? |  |
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|  |  |
| --- | --- |
| In what ways has the nominee shown dedication to promoting the chamber in the community? |  |
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|  |

*Additional information may be submitted along with this form*

**Nominator’s Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company |  |
| Phone |  | Email |  |