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Chamber of Commerce Ambassador Prospective Membership Application Form

Date: _____
Invited By: _____

Your Name: _____
Title: _____
Company Name: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Company Phone: _____ Company Fax: _____
Cell Phone: _____
Email: _____

Home Address (optional): _____
City: _____ State: _____ Zip Code: _____
Home Phone (optional): _____

How long have you been a member of the Newnan-Coweta Chamber? _____

Have you attended a Big "O" New Member Orientation? Yes / No

How many hours per week are you able to volunteer? _____

*Please submit your Ambassador application to the Chamber office.
You will be contacted to set up a meeting for orientation.*