The Greater Gainesville Chamber Diplomat Program Application

Please complete and submit via email to: stevec@gainesvillechamber.com

Diplomat Mission Statement:

Serve as an active volunteer extension of The Greater Gainesville Chamber to cultivate, promote, and maintain a positive relationship between The Greater Gainesville Chamber, its members, and the community. *To enhance the Chamber Member Experience*.

Name:	Company:					
Title:	Address:					
City:	State: Z	Zip:				
Phone:	Cell Phone:					
E-mail:	-					
Minimum Requirements						
Have you (not your company) been a Chamber 1	member for at least one year?	YES	NO			
Are you currently a Member in Good Standing		YES	NO			
Headshot digital file attached?		YES	NO			
When did you start working for your <mark>curren</mark> t co	ompany?					
	ESVILLE CH					

Please list Greater Gainesville Chamb (Annual Meeting, Business Before Ho					
BIO:					
				X	
				<u> </u>	<u> </u>
GREATER G	AINESV	41-	F Ch	AMI	3FR
Diplomat agreement:					
 I understand that, as a Diplomat, I will be r staying informed on Chamber activities, pr RSVP and attend monthly Diploma Conduct Chamber business only w with members of the Chamber. I u business. Acting as a Diplomat, attend a min Completion and timely submission Complete the Diplomat Orientation 	rograms and policies. In at Committee meeting, while serving as a Diplor understand that I may, at a mum of ten (10) Character of the monthly Point S	n addition, I mat of the G t a later date aber events o	commit to the reater Gainesvi , contact memb	following: alle Chamber and cers concerning	nd visiting
Please accept this application for considera have attached my Head Shot digital file to		e Greater Ga	iinesville Chan	nber Diplomat	Committee. I
Signature		Date			