

AMBASSADOR PROGRAM

Application for Participation

Name _____

Title _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____ Fax _____ E-mail _____

No. of Year(s) with Company _____ Type of Business _____

Briefly describe the scope of your job responsibilities and leadership within your company (use back of sheet if needed):

How many years have you personally been involved at the Greater Houston Partnership?

Briefly describe any current or previous involvement with the Partnership and your knowledge of its programs. (Use back of sheet if needed):

How did you learn about the Ambassador Program? Website Referral

Referred by: _____ with (Company): _____

Briefly describe why you would be a good Ambassador and representative of the Greater Houston Partnership:

Can you commit to at least one meeting at the Partnership per month? Yes No

Can you commit to calling on approximately 25-30 companies and meeting with 4 of your assigned companies throughout the year? Yes No

SIGNATURE

DATE

If you have any questions, please contact Cecilia Alatriz, Manager, Member Relations, at calatriz@houston.org, 713-844-3680 or 713-775-2155.
Please return this completed application form to Cecilia Alatriz.

**RETURN
FORM VIA...**

MAIL

Greater Houston Partnership,
ATTN: Cecilia Alatriz
1200 Smith, Houston, Suite 700 TX 77002

FAX

ATTN: Cecilia Alatriz
713-844-0280

EMAIL

calatriz@houston.org

For office use only: Received: _____ Interviewed: _____