2018 ADVOCATE APPLICATION

Please indicate interest for specific team (1 = most interested; 3 = least interested)			
New Investor Team	Recruitment Team	Investor Support Team	
INFORMATION:			
Name:		Date:	
	Length of time with current business/organization:		
Business/Organization Name:			
Address:	·		
		Zip Code:	
Phone:	Toll Free:		
Fax:	Mobile:		
Email:	Website:		
How did you learn about the Adv	vocate Committee?		
Name of person that referred you	u (if applicable):		
List any relevant business or con	nmunity interests:		
COMMUNITY SERVICE:			
	ty, civic, professional, business, social a ve years (attach additional sheet if nece	nd/or other organizations with which you hav essary).	
Organization	Years/Months Served	Position Held	
PERSONAL STATEMENT:			
Please write a statement indicat	ing why you want to serve as an Amba:	ssador of The Lancaster Chamber, and the	
qualities you bring to the commi	ittee (attach additional sheet if necessa	ry).	
COMMITMENT:			
	a bo an Advacato I road and understan	d that I am expected to meet specific criteria	
		onsibilities, I will resign or be removed from	
the Advocate Committee.	radines. If farif anable to fathering response	onside the first state of the ferrior of the ferrio	
	nature: Date:		
EMPLOYER COMMITMEN			
		ancaster Chamber investor in good standing	
		ne time necessary to serve as an Advocates.	
Signature:		Date:	
TILLE.			

Complete the application and return to the Chamber at advocates@lcci.com. For more information on becoming an Advocate or application process, contact the Business Relations Department at 717.397.3531.