



Connector Application Form

I am interested in becoming a Connector for the West Metro Chamber!

Name: _____ Business: _____

Email: _____ Phone: _____

Date you joined the West Metro Chamber: _____

What Chamber events do you regularly attend? _____

What interests you about being a Connector? _____

I have read and agree to the Connector Guidelines and Expectations

Please return this completed application to

Erin Acheson, Director of Member Engagement & Connector Coordinator

erin@westmetrochamber.org