



Canton Chamber of Commerce ~ Member Benefits MENTOR/PROTÉGÉ PROGRAM

APPLICATION FORM FOR PROTÉGÉ

Name: _____ Date: _____

Home Phone: _____ Work Phone _____
(Best Time to Call)

Company _____

Address _____ City _____ State _____ Zip _____

Current Position _____ Offices Held _____

Educational Background. Please include school and area of study. _____

Major: _____ College/University _____

Interests

Area(s) of Chamber would like to learn more about: Orientation Luncheons Networking Coffees
 Networking After Hours Committees Special Events

Why do you want to participate in the Mentor Program?

What is Important about the Mentor we partner you with? _____

Any special requests in the Mentor we partner with you? _____

Are there any conflicts of interest in participating in this program? _____

Is there a particular profession/individual that would be in conflict with your profession and would like to avoid that pairing? _____

Submission of Application into the program does not indicate acceptance. You will be notified whether or not you were accepted into the Mentor/Protégé Program on or around the deadline date.

**If you have any questions, feel free to contact the chamber office 734.453.4040
Please fax completed form to 734.453.4503**