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Date

## Ambassadors of Delta County—Application for Membership At Home Information At Work Information Name\_\_\_\_\_ **Business/ Organization** Address Position\_\_\_\_\_ City\_\_\_\_\_ Telephone\_\_\_\_\_ Telephone\_\_\_\_\_ Email \_\_\_\_\_ Email\_\_\_\_ Fax Community Activities/ Organizations What qualities do you feel you possess that would enhance the Ambassadors of Delta County? Why do you want to become an Ambassador?\_\_\_\_\_ Will your schedule allow you to attend monthly meetings on the 1st Wednesday of the month at 5:15PM and various ribbon cuttings and Ambassadors functions? Yes No Who referred you to the Ambassadors of Delta County?\_\_\_\_\_ Please list two references we may contact below. Name Address Telephone Address Telephone Name As an Ambassador of Delta County I understand that I would be obligated to pay \$25 Annual Dues, and purchase Ambassador attire of my choice ranging from \$20-\$50, as well as make an honest effort to attend most meetings and at least half of the events.

Signature