MEMBERSHIP APPLICATION

PERSONAL

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

D.O.B. _____ Occupation _____

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Local Sister City Committee _____

EDUCATIONAL

School _____ Graduated _____

Area of Study/Degree _____

How did you find out about the Ambassador Association? (If through a local sister city program please indicate.) _____

_____

Describe what volunteer activities or organizations you have been involved with. Include what you did, how long you were involved and any offices held. Include all SCI experience if applicable.

_____

_____

_____

_____