

**Ambassador Application Information Form**

 **Please provide your information below:**

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| --- | --- | --- |
| **Name:** | **Chapter Name/Number:** |  |
| **Address:** | **Phone:**  | **Email:** |

**Please provide the information for each of your recruited/retained members:**

\*At least 5 of these 10 full members must be new ANNA members or members with a lapsed membership of three (3) years or longer.

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| Name | **Chapter** | **Join Date****(New)**  | **Renew Date** | **Address** | **Phone** | **Email** |
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**Feel free to contact the ANNA National Office if you have any questions.**

**Email your completed document to Emily Parry,** **emily.parry@annanurse.org****. by March 21, 2025.**