



## COUNTY AMBASSADOR PROGRAM

### APPLICATION / INTENT TO SERVE

NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK/CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR STATE REPRESENTATIVE: \_\_\_\_\_

YOUR STATE SENATOR: \_\_\_\_\_

AUTHORIZATION: I concur with this nomination.

or

\_\_\_\_\_  
County Board Chair

\_\_\_\_\_  
County Executive (if applicable)

Please return by Friday, November 30 to:

Wisconsin Counties Association  
Attn: Sarah Diedrick-Kasdorf  
22 E. Mifflin St., Ste. 900  
Madison, WI 53703  
Fax: 608.663.7189  
[diedrick@wicounties.org](mailto:diedrick@wicounties.org)