



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.

County Board Chair

or

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