

AMBASSADOR REGISTRATION FORM

Date _____

Dear Smile Across Africa

I/We are applying to register as your Ambassador My/our detailed information are given below.

Please state your skills, qualifications and experience below:

Duration you would like to be our Ambassador:

6 months 12 months 2 years or more

PERSONAL INFORMATION

*Full Name

*Nationality

*Gender

Male Female

Date of Birth :

*Resident

*Residence Status : Resident Non-Resident

Date of Birth :

*National ID No.

*Passport No.

*ID No.

*Driving Licence No.

*Other ID

*Present Address

*City

*State :

*Zip Code :

*Country :

*Phone

*Mobile :

Fax :

*Permanent Address

*City

*State :

*Zip Code :

*Country :

*Phone

*Mobile :

Fax :

* Required Fields

We respect your privacy and are committed to protecting personally identifiable information.