

IDEA AMBASSADOR APPLICATION

NAME _____ Member # _____ NOT A MEMBER _____

OTHER NAMES BY WHICH YOU MIGHT BE LISTED IN OUR RECORDS _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL _____

COUNTRY _____ WEBSITE (if any) _____

PHONE (HOME) _____ CELL _____

WORK _____ FAX _____

E-MAIL ADDRESS _____

(FAX and/or E-mail address is a requirement for all applications outside of US)

Number of years in fitness-related field: _____

What is your: title and profession? _____ Education? _____

Certifications? _____

Do you own a club? If so, how many members do you have? Staff members? Instructors?

HAVE YOU ATTENDED AN IDEA CONVENTION BEFORE? YES: _____ NO: _____

IF YES, when did you attend? And what was your impression? How did you hear about IDEA?

WHAT IS INSPIRING YOU TO BECOME AN IDEA AMBASSADOR?

WHAT IS YOUR PHILOSOPHY ON FITNESS? HOW WILL YOU PROMOTE IDEA?

IS THERE A SPECIFIC TERRITORY and/or REGION YOU ARE INTERESTED IN REPRESENTING?

PERSONAL REFERENCE: (Name, relationship, phone number and/or e-mail address)

Please send application and resume to:
IDEA Health & Fitness Association
Attn: Ambassador Program
10455 Pacific Center Court
San Diego, CA 92121-4339

Or fax to 858.713.1015 or e-mail ambassador@ideafit.com

