

BE A HERO®

Representative Application Form

Name _____

Address: _____

City: _____ Country: _____

State or Prov. _____ Zip/ P.Code _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell: (____) _____

Name of Church, Business or Organization: _____

E-mail: _____

How did you hear of Be A HERO? _____

Why do you want to be a Be A HERO Representative? _____

Who will be your target audience? _____

Print out and mail or fax the completed form to:

Be A HERO Head Office

Box 25077 Mission Park

Kelowna, BC V1W 3Y7

Phone: (250) 717-1003

Fax: (250) 717-1013

If you have any questions, please contact Dawn Meier, Executive Director, at admin@beahero.org or call her at (250) 717-1003.