



Equine Welfare Data Collective Ambassador Program Application

Please fill out the application completely.

Send completed application to Emily Stearns at EWDC@HorseCouncil.Org

Organization Name _____

Phone _____

Email _____

Mailing Address _____

City/State/Zip _____

Description of Organization Mission:

Organization
Representative Name _____

Representative Phone _____

Representative Email _____

By signing below, the organization representative agrees to complete the EWDC Ambassador Program Action Checklist within 1 year of application date.

Organization Representative Signature: _____

Date: