



DELAWARE CITY UNIVERSITY

Professional Higher Education

DISTANCE EDUCATION

MEMBERSHIP



DELAWARE



Requirements

- ✓ Strong communication skills
- ✓ Positive academic standing
- ✓ Availability for virtual events and outreach

Once the Membership Application is Completed,
Please Resend it to the Following Email Address



info@dcu-edu.us



APPLICATION FORM

Instructions: Please type all information on this form.

PERSONAL INFORMATION:

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	Male Female
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Job Title:	<input type="text"/>	Employment Type:	<input type="text"/>
Responsibilities:	<input type="text"/>		
Organization:	<input type="text"/>		

GRADUATION DETAILS:

(Choose only one)

Programs: (High Professional Program)

Colleges: (Choose only one)

Major:

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I hereby certify that all the information provided is true and accurate. I pledge to comply with all the rules and guidelines of Delaware City University and the Ambassador Membership. I understand that providing false information may result in termination of my membership. I fully accept all related terms and conditions.

Date:

Signature: