



# Medicare Information Office Ambassador Program Application

Phone 1-800-478-6065 or (907) 269-3680

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Email: [doh.mio.info@alaska.gov](mailto:doh.mio.info@alaska.gov)

1838 Bragaw St. Suite 350, Anchorage, AK 99508

## Applicant Information

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name of Ambassador(s): \_\_\_\_\_

Ambassador(s)  
Phone and Email: \_\_\_\_\_

**Please estimate how many ambassador packets you will need for the first month?** \_\_\_\_\_

## Signature

*By signing this application, you agree to provide Medicare information to your community and report information monthly.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medicare Information Office

