



Brand Ambassador Application

Please send completed application and a current photo to News@DefyMedical.com.

About You

First Name

Nickname/Preferred Name

Last Name

Birthdate MM/DD/YY (You must be 18+ years old)

Email

Phone

Gender

Street Address

City, ST, ZIP

How long have you been a Defy Medical patient? _____

Social Media Accounts/Handles

(Accounts must be set to public to be a brand ambassador. Any accounts set to Private cannot be considered.)

Facebook

Instagram

Twitter

Other

Do you have a blog or YouTube Channel? If so, please tell us about it and share a link.

Do you follow us on:

Facebook Yes Not yet

Instagram Yes Not yet

Twitter Yes Not Yet

Tell us more

Why do you want to be a Defy Medical Ambassador?



Tell us more (cont'd)

What impact has HRT and/or Defy Medical had on your life and lifestyle?

Which aspect of the Brand Ambassador program is most appealing to you? (Check all that apply)

- Knowledge Building
- Sharing My Healthy Lifestyle with Others
- Social Media/Blogging
- Expanding my Social Media Reach
- Other:

Please give us a snapshot of your community involvement by letting us know what activities you are involved with and are passionate about.

What ideas do you have that you feel could help you promote our practice?

Please feel free to fill us in on anything else you think we should know about you.

How did you find out about the Defy Medical Brand Ambassador Program?

NEXT STEPS

THANK YOU! Please email your completed application and a current photo of yourself to News@DefyMedical.com to be considered for Ambassadorship.

Thank you in advance for your application and for choosing Defy Medical!