



**AMBASSADOR APPLICATION**

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

**HOW DO I BECOME AN AMBASSADOR?**

*Individuals must be nominated or referred to the Ambassadors Club by a Newcastle Chamber of Commerce member or current Ambassador.*

**AMBASSADORS MUST MAINTAIN A MINIMUM OF 200 POINTS PER QUARTER TO REMAIN AN AMBASSADOR**

*Complete the following information and return it to the Newcastle Chamber of Commerce 820 N. Main Street/PO Box 1006, Newcastle, OK 73065 or fax it to (405) 387-3885.*

**PLEASE CONSIDER THE FOLLOWING INDIVIDUAL FOR THE NEWCASTLE AMBASSADOR CLUB**

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
How long: \_\_\_\_\_ Birthday: \_\_\_\_\_

**WHY WOULD THIS PERSON MAKE A GOOD AMBASSADOR?**

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY, CIVIC, PROFESSIONAL, BUSINESS, SOCIAL BOARDS, TASK FORCES, OR COMMISSION IN WHICH YOU HAVE ACTIVELY SERVED: ?**

\_\_\_\_\_  
\_\_\_\_\_

**NOMINATION**

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOMINEE SIGNATURE**

*As a nominee for the Ambassadors Program, I understand the minimum point requirement and responsibility expected of me. If selected for the Ambassadors Program, I commit to making every effort to meet these guidelines. I understand that if I do not attempt to meet these requirements, I may resign or be asked to resign.*

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_