

CONTROLLED

when filled in

DIVINE NINE AMBASSADOR APPLICATION

PRIVACY ACT STATEMENT

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Member's Name (Last, First, Middle):

Rank or Rate:

PRESENT COMMAND INFORMATION

Command Name:

City:

State:

Zip:

PERSONAL INFORMATION

Commissioning Source
(Ex: NROTC, OCS, etc.):

Alma Mater:

Degree or
Major:

Current Job title and
Designator (spell out):

NPHC Divine Nine
Fraternity or Sorority:

Affinity Group
Affiliation(s):

Work Phone
Number:

Work
E-mail:

Personal Phone
Number:

Personal
E-mail:

Available Dates:

COMMANDING OFFICER'S ENDORSEMENT

Commanding Officer's Signature

Date: