**Freedive Medicine LLC** **Influencer & Brand Ambassador Application**

Thank you for your interest in becoming an influencer or brand ambassador for Freedive Medicine LLC! We are looking for passionate individuals who align with our mission and can help spread awareness of our products and services.

**Personal Information**

* Full Name:
* Email:
* Phone Number:
* Social Media Handles (Instagram, TikTok, YouTube, etc.):
* Website (if applicable):
* Location (City, State, Country):

**About You**

* Tell us about yourself and your background?
* What interests you about Freedive Medicine LLC?
* How do you align with our brand and values?

**Social Media & Marketing**

* Which social media platforms do you use the most?
* What is your primary content style (e.g., educational, lifestyle, adventure, fitness, wellness, product reviews)?
* Average engagement rate (likes, comments, shares per post):
* Audience demographics (age range, interests, locations):
* Have you worked with other brands before? If yes, please list them:
* Provide links to sample content that best represents your style:

**Collaboration & Expectations**

* What type of partnership are you interested in? (Check all that apply)
	+ Affiliate Program (earn commission on sales)
	+ Sponsored Posts/Reviews
	+ Product Testing & Feedback
	+ Event/Competition Sponsorship
	+ Content Creation (Photography, Video, Blogging, etc.)
	+ Other (please specify):
* How do you plan to promote Freedive Medicine LLC?
* How often can you commit to posting about our brand?

**Additional Information**

* Do you have any special skills or certifications related to freediving, wellness, or medicine?
* Are you a member of any professional organizations, clubs, or groups related to freediving?
* Anything else you'd like us to know?

**Agreement & Signature** I acknowledge that submitting this application does not guarantee acceptance into the Freedive Medicine LLC Brand Ambassador Program. I certify that all the information provided is accurate and true to the best of my knowledge.

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

**Next Steps:** Once you submit your application, our team will review it and contact you if we see a good fit. Thank you for your interest in working with Freedive Medicine LLC!