



CLASS 20 APPLICATION

BIOGRAPHICAL INFORMATION

Name: _____
Last, First, Middle Initial Preferred

Home Address: _____
Street, City, ZIP

Home Phone: _____ Cell Phone: _____

Home E-Mail Address: _____

Date of Birth: _____ Number of Years in Tahlequah: _____

Spouse Name (If Applicable): _____ Shirt Size: _____

Any known food allergies: _____

OCCUPATION/VOCATION INFORMATION

Employer: _____

Title: _____ Employed Since: _____

Address: _____

Bus. Phone _____ Fax Phone: _____

Business E-Mail Address: _____

Previous Employers (List last two/title/dates employed):

1. _____

2. _____

EDUCATION

High School/Location/Year Graduated: _____

College/Location/Degree/Major: _____

College/Location/Degree/Major: _____

COMMUNITY INVOLVEMENT

Please list volunteer activities in which you are currently involved. If additional space is needed, submit on separate piece of paper – labeled, "Community Involvement"

Organization: _____ Position: _____

Detail any responsibility: _____

Organization: _____ Position: _____

Detail any responsibility: _____

Organization: _____ Position: _____

Detail any responsibility: _____

What would you consider your most important accomplishment in one of these organizations? Why? If additional space is needed, submit on separate piece of paper – labeled "Community Involvement"

Please list, in order of importance to you, up to three other civic, professional, business, religious, social, community, athletic, or other organization of which you are or *have been* a member.

Organization: _____ Date of Membership: _____

Detail any responsibility: _____

Organization: _____ Date of Membership: _____

Detail any responsibility: _____

Organization: _____ Date of Membership: _____

Detail any responsibility: _____

PROFESSIONAL ACTIVITIES

Please list any professional/vocational organizations in which you have been active (do not include civic organizations, public office, or political activity).

Organization: _____ Date of Membership: _____

Detail any responsibility: _____

Organization: _____ Date of Membership: _____

Detail any responsibility: _____

COMMITMENT

Please initial by each statement

1. To graduate from Leadership Tahlequah, I understand that attendance at all sessions is required. _____
2. Sessions begin as early as 7 a.m. and end normally by 4 p.m. unless otherwise notified. One overnight session is planned. _____
3. Tuition for Leadership Tahlequah participant is \$495. Payment is due with application. _____
4. Once the application and fee have been processed, no further refunds will be given. _____
5. Deadline for application and payment is August 21, 2016. _____
6. Additional sessions may be required to plan and implement class project. Sessions will be determined by class. _____
7. Upon the second absence, the class member will voluntarily resign (by letter) from the class and forfeit any tuition remaining. _____
8. Class members must attend the entire session. _____
9. Changes to the class schedule are possible. Changes will be communicated at the earliest possible time. _____

I understand the mission of the Chamber of Commerce Leadership Tahlequah Program and will devote the time necessary to optimize my participation. I will be supportive of my class and fellow class members.

If appropriate, I have received approval and the consent of my employer to participate in Class 20, Leadership Tahlequah 2016-2017

Date

Signature of Applicant

EMPLOYER UNDERSTANDING AND CONSENT

This candidate has my full support to participate in the 2016-17 Tahlequah Area Chamber of Commerce, Leadership Tahlequah, Class 20. I am aware of the time commitment involved in his/her effective participation, as well as the financial obligation.

Should be signed by the employers owner or CEO, if other than the applicant.

Name: _____ Title: _____

Organization: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Office Use Only
Date Received: _____ Check #: _____ Amount: _____