

Leadership Anderson County Application

Name:			
Last	First	Middle	Preferred Name on Badge
Home Address:			
	Street	City	Zip
Phone: Home	Work	C	'ell
FAX:	E-Mail A	Address:	
Emergency Conta	act:		
	Name	Phone Number	Relationship
Special Needs:			
Diet:			
Physical L	imitations:		
Transport	ation Concerns:		
Smoker:	yes	no (needed for hotel	room assignments)
	EM	PLOYMENT	
Employer:			
Title:			
Business Address	:		
City:		State:	Zip:
Present Position:			
	()	see other side)	

COMMUNITY ACTIVITIES/HONORS/AWARDS

Please list community organizations/activities in which you have been involved during the past five years. Please list in order of their value to you:

Organizations/Activity

How did you learn about Leadership Anderson County?

What do you expect to gain from the Leadership Program? _____

TIME REQUIREMENTS and TUITION

A major time commitment is required to participate in the Leadership Anderson County Program. As a candidate, you need to understand that absenteeism would prevent you from "graduating" with your class.

Full tuition is *\$1,000.00. This cost covers all your Leadership Anderson County Program expenses.

I understand the purpose of the Leadership Anderson County program and will devote the time required. I also certify that I am a U.S. Citizen.

Applicant's signature _____ Date _____ (The above signature also serves as approval to use my photo for promotion of Leadership Anderson County)

Program is limited to 25 participants. Please complete this application and return by April 20, 2018, with your check made payable to:

Anderson County Chamber of Commerce 245 North Main Street, Suite 200 Clinton, Tennessee 37716 PH: 865-457-2559 FAX 865-463-7480

*Subject to Change

(Information on this application will be treated as confidential)