

ORGANIZATIONS / ACTIVITIES (Please list in order of importance to you, organizations of which you are now or have been a member.)

<u>Organization</u>	<u>Dates of Membership</u>	<u>Position(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about the Leadership Highlands program? _____

REFERENCES

Name/Title _____
Business or Personal Reference _____ **Phone** _____

Name/Title _____
Business or Personal Reference _____ **Phone** _____

Are you or your employer/organization a member of the Chamber of Commerce in Avon Park, Lake Placid or Sebring? If so, which one(s)? _____

All applications are subject to confidential evaluation, and participation is limited. Please include your \$200 non- refundable retreat fee along with your application (fee will be returned/refunded if not accepted in the program). The \$675 balance is due by Aug. 25, 2011. This tuition may be tax deductible as a business expense.

I have reviewed the class schedule and understand attendance is required at all sessions including the orientation, retreat, the Tallahassee trip, and the graduation ceremony. I have also reviewed the Leadership Highlands Mission Statement and Operating Policy and agree to abide by these terms.

Signature **Date**

If applicable:

I fully endorse this employee's participation in the Leadership Highlands program and will support his/her commitment.

Employer/Supervisor Signature **Date**