

APPLICATION FOR ENROLLMENT IN THE LEADERSHIP BUCKS COUNTY PROGRAM

(Note: Please read carefully, complete all questions and requested attachments legibly and submit forms to the Chamber office .)

Name _____
Mr./Ms./Dr. _____ Full Name _____ Preferred First Name _____

Home Address _____ City, State, Zip _____

Home Phone No. _____ Fax No. _____ e-mail _____

How long have you resided in Bucks County (if at all)? _____

Employer _____

Your position or title _____

Employer's Address _____ City, State, Zip _____

Business Telephone No. _____ Fax No. _____ e-mail _____

Circle whichever address you prefer Leadership correspondence to be directed: **Home** **Business**

Please attach to your application a copy of your resume or employment and education history. In replying to the questions below, please attach additional forms for a more complete answer as needed.

Please list business, professional, job-related, community, civic, political, athletic, religious, cultural or other organizations in which you have been active and your role in them.

What do you consider to be your most significant contributions to the mission or growth of one of these organizations?

What specific skills/knowledge do you hope to gain from participating in Leadership Bucks County?

In what areas of community service and/or professional development are you most likely to utilize your Leadership Bucks County experience?

Is there any additional information about yourself or your views that you feel is important for the Selection Committee to know in reviewing your application? If so, add it here or on a separate form.

Date of Application _____ Signature of Applicant _____

The Tuition is \$650 which includes all materials and meals.

_____ Check Enclosed (payable to LBCCC)

_____ Credit Card Type: _____ Card #: _____ Exp Date: _____

Name and Address as it appears on card (if different from above):

Name _____ Company _____

Address _____ City, State & Zip _____