



LEADERSHIP LAMOILLE

A Lamoille Region Chamber of Commerce Program

92 Lower Main Street, P.O. Box 1459, Morrisville, VT 05661 P: (802) 888-7607 F: (802) 888-5006 www.lamoillechamber.com

2016 -2017 Leadership Lamoille Membership Application

Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employment Information: Please tell us about your current employer and job.

Business/Organization Name: _____

Job Title: _____ Date of Employment: _____

Present Responsibilities:

Education: Please tell us about your post high school education, if any. Be sure to note include any professional development programs you participated in. Please list the dates attended, name of school, program of study/degree, and what degree/certificate was conferred, if any.

Community Involvement: Please list your community, civic, professional, business, religious, social, athletic and other organization with which you have been involved in the past five years. Please list the organization, the position/office you held, and approximate dates of your involvement with the organization.



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References: Please include letter of reference from your employer to support your application and list two additional references and their contact information below.

Name: _____

Business: _____ Job Title: _____

Business Address: _____

Town: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____

Business: _____ Job Title: _____

Business Address: _____

Town: _____ State: _____ Zip: _____ Phone Number: _____

Questionnaire: Please answer the following questions as thoroughly and thoughtfully as you can.

1) What impact have you made on organizations for which you have been involved?

2) What impact has this involvement had on you?

3) Have you been as active in the community, civic, professional and other activities as you would like to be? If not, what have been the major barriers to your involvement?



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Questionnaire Continued: Please answer the following questions as thoroughly and thoughtfully as you can.

4) In your judgement, what is one of the most pressing issues facing our community today? Why? What suggestions or thoughts do you have to help resolve this issue?

5) What motivated you to apply to Leadership Lamoille? If accepted, what do you plan to do with the experience and knowledge you gain?

Tuition: Tuition is due in full by September 1, 2016. Of the total fee, 10% must be paid by you, the applicant, out of your own personal funds. If your employer is a Chamber member, that fee is \$60. For non-LRCC members, that fee is \$80.

Refunds will only be issued if applied for and approved by the Leadership Lamoille Steering Committee.

The fee structure is as follows:

Chamber Members: \$600

A Chamber member means that your company/organization is a Chamber member, not you as an individual.

Non-LRCC Members: \$800

Payment Options:

Charge Credit Card: Yes / No (Circle One)

Name on Card: _____

Credit Card #: _____ Exp. Date: _____

Zip Code on Card: _____ 3 Digit Code: _____ Charge Amount: _____

Signature: _____ Date: _____

Check Enclosed: Yes / No (Circle One)

Please make check payable to Lamoille Region Chamber of Commerce, P.O. Box 1459, Morrisville, VT 05661

Check Number: _____ Amount: _____ Date: _____



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Employer Section: 2016 -2017 Leadership Lamoille Membership Application

Employer Section: Please complete the following questionnaire:

1) Describe your applicant's management skills:

2) Describe your applicant's communication skills:

3) Why do you recommend this applicant for the Leadership Lamoille Program?

Employer Business: _____

Employer Authorized Signature: _____

Print Your Name: _____ Date: _____

**Please send completed applications with payment to:
Leadership Lamoille Steering Committee
c/o Max Neal, Executive Director
P.O. Box 1459
Morrisville, VT 05661**