

The Lansing Regional Chamber of Commerce welcomes both member businesses and prospective members to apply to the new Leadership Lansing Program. Our intent is to create a diverse class based on traditional demographic factors as well as to reflect the diversity of our region's business community — large-sized companies, medium-sized organizations and entrepreneurs across the broad spectrum of commercial ventures that fuel our region's economy. Please tell us a little about yourself and your company with the following questions. Thank you!

Last Name		First Name	N	Middle	
Preferred First Na	ame				
Home Address		City	State	Zip	
Cell Phone		Personal Ema	il		
How long have yo	ou lived in the	Lansing area? _			
EMPLOYMENT INF	FORMATION				
Employer			Business Phone		
Work Address			Business Email		
City	State	Zip	Employed Sind	е Се	
EMPLOYMENT INF What is your pos					

COMMUNITY VISION What is your vision for the Lansing regional area?							
COMMUNITY CONNECTIONS  Please list your involvement in board service, and volunteeris	n professional organizations, busin sm.	ess and community					
Name of Group/Affiliation	Positions Held/Assignments	Period of to to to					
to the Lansing Regional Char Revenue Service Code as a backnowledgment	nsing program is \$2,750 per partici nber of Commerce and is deductib ousiness expense. ervisor my intention to participate i	le under the Internal					
Lansing program. I understant sessions is mandatory, because I have reviewed with my superpermission to be absent from discussed with my supervisor that absence could result in mosome reason I must withdraw weeks prior to orientation. If no	d that attendance at ALL schedule use my participation is essential to ervisor the program schedule and he work on all scheduled session date the importance of my participation by dismissal from the Leadership Leadership Lansing, notification is given later than that, a	ed Leadership Lansing the program's success. have received tes. I have also in each session and tansing program. If for tion must be given two					
charged.							
Signature of applicant	Employer's sign	ature					
Date	Date	Date					
	(This verifies the understanding of	employer's fattendance and tuition					

requirement)