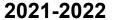




ct Information (Please	Print)		
E	FIRST	PREFERRED FIRST NAME	MIDDLE
EMPLOYER/ORGANIZATIO	N		
DRESS	CITY	STATE	ZIP
ONE	W	ORK E-MAIL	
DRESS	CITY	STATE	ZIP
NE NUMBER		PERSONAL E-MAIL	
CY CONTACT EMAIL FOR LBA COMMUNI tion will primarily be via email unle		ALTERNATE PHO	NE
Size: previously applied to LBA? ou receive information on L Chamber of Commerce _ LBA Alum _	eadership Broken EmployerF	Arrow? (Check all that apply.)	
pplicant/business will be	t received by this	d administrative costs. The program fee tacceptance. Payment is due by August date, the participant will not move forward	: 13 , 2021. (<u>Tuitio</u>
• —		/er	

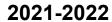




Commitment

To graduate from LBA, you must attend a minimum of ten monthly sessions (90%) and the Kickoff Session. We meet one day each month from September through June. Sessions will begin at 8:00 am and end by 4:30 pm. The Kickoff Session will be Friday, August 27 from 8:00 A.M. to 5:00 P.M. and is MANDATORY! Plan to commit the entire day. Please be sure that your employer understands your commitment.

Please check any date that y	ou are <u>NOT</u> available to	o attend LBA:		
Session 1: Thurs, Sept 19Session 2: Thurs, Oct 14Session 3: Thurs, Nov 11Graduation Thurs, June9	, 2021 Session 5 , 2021 Session 6	: Thurs, Dec 9, 2021 : Thurs, Jan 13, 2022 : Thurs, Feb 10, 2022	Session 7: Thur Session 8: BA D Session 9: Thur	
IMPORTANT: If a session ne	eds to be cancelled due	e to weather, we will try	reschedule for the fo	llowing Thursday.
LBA does require volunteer ho	urs outside of day sessio	ns. These will be week	end and evening hours.	(approx. 20 hours)
Are you willing and able to cor	nmit the time required to	fully participate in the LB	A program this year?	
LBA is a program designed to board meetings. Are you willirYESNO				iding local, non-profit
Will you agree to continued seYESNO	rvice to the community th	rough volunteer activitie	s following this program	year?
Business / Organiz	ation Agreement			
Each candidate for the Leader business or organization. The candidate's participation in LB all LBA participants (see cor	signature of your superv A. By signing below the	isor/sponsor is necessar e supervisor agrees an	y as an indication of su	pport for the
SIGNATURE OF SUPERVISOR/S	SPONSOR	TITLE	ADDRESS	
PRINTED NAME OF SUPERVISOR	DR .			
If applicable, list the name and titl	e of applicant's immediate s	supervisor, if different from	above.	
PRINTED NAME		TITLE		· · · · · · · · · · · · · · · · · · ·
Contact person / address to (Is PO required?YesN		required?YesNo)		
NAME	JOB TITLE	DEPARTMENT		PHONE
ADDRESS	CITY		STATE	ZIP





Employm	ent / Professional Growth
Category of Em	ployment:
Banking	Non-ProfitEducationGovernmentHealth CareInsurance
Legal	Media/CommunicationsPublic SafetyReligionSocial ServicesManufacturing
Retired	Other
What do you fe	eel is your highest leadership contribution to date in your business/professional career?
Indicate your i	nvolvement in professional or business associations.
NAME OF ORC	GANIZATION DATES OF MEMBERSHIP LEADERSHIP ROLE
Awards f	or Leadership Activities
/twarae r	
Cite special ho	onors or awards for Leadership.

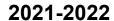




Community Involvement / Leadership

Provide information about your community volunteer service. List your civic, social service, religious and/or other not-for-profit organizations in which you are or have been involved. (LBA will provide additional opportunities for involvement following program graduation.)

IAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
lease describe a time when your co	mmunity involvement had a positive imp	act
lease describe a time when your co	minumity involvement had a positive imp	act.
LBA Program Participatio		
Describe your motivation to participa s it work related? Is it community re	ite in LBA. lated? Explain.	
What one thing in Broken Arrow wou	ld you build on or change?	
<u>-</u>		
Describe one skill, knowledge, profes	ssional or technical expertise that could	be helpful to LBA 2021.
What do you want to accomplish in L	BA? What is your next step after Leaders	ship Broken Arrow? What does
uccess look like?		





Applicant's Agreement

I hereby give LBA's selection committee permission to verify any of the above information. An interview may be conducted by Leadership Broken Arrow Alumni as part of the application process. LBA is an equal opportunity program. Race, gender, creed, national origin, sexual orientation, and political affiliation have no bearing on class selection. **Applicant should reside or work in Broken Arrow**, profess an interest in social and civic issues, be willing to listen to a broad range of opinions and participate in a cordial exchange of ideas. All individuals with an interest in the Broken Arrow community are welcome to apply. Class size is limited.

By signing this form, you are giving consent for your name and/or picture to be releasing promotion and community contact information.	ased for LBA
If you do not want your contact information published, please check here	
X	
SIGNATURE OF APPLICANT	DATE

Mail or Email Completed Application to:
Broken Arrow Chamber of Commerce
Leadership Broken Arrow
210 North Main Street, Ste. C, Broken Arrow OK 74012
Email Application to: lori.lewis@bachamber.com

Please send your application by July 16, 2021.