

Contact Information (Please Print)

LAST NAME FIRST PREFERRED FIRST NAME MIDDLE

NAME OF EMPLOYER/ORGANIZATION

JOB TITLE

WORK ADDRESS CITY STATE ZIP

WORK PHONE WORK E-MAIL

HOME ADDRESS CITY STATE ZIP

CELL PHONE NUMBER PERSONAL E-MAIL

EMERGENCY CONTACT PHONE ALTERNATE PHONE

PRIMARY EMAIL FOR LBA COMMUNICATION: _____

**Communication will primarily be via email unless otherwise requested*

Polo Shirt Size: _____

Have you previously applied to LBA? No Yes, when? _____

How did you receive information on Leadership Broken Arrow? (Check all that apply.)

Chamber of Commerce Employer Friend Brochure

LBA Alum Media Internet Other _____

Program Fees

Program fees include materials, breakfast*, lunch* and administrative costs. The program fee for LBA 2021-2022 is \$750. **Applicant/business will be invoiced upon acceptance.** Payment is due by **August 13, 2021.** (Tuition is non-refundable). If payment is not received by this date, the participant will not move forward with the class.

Program Fees will be paid: Personally By employer

*Any special Dietary requirements, please explain: _____

Employment / Professional Growth

Category of Employment:

- Banking Non-Profit Education Government Health Care Insurance
 Legal Media/Communications Public Safety Religion Social Services Manufacturing
 Retired Other _____

What do you feel is your highest leadership contribution to date in your business/professional career?

Indicate your involvement in professional or business associations.

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
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Awards for Leadership Activities

Cite special honors 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.)

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
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_____	_____	_____
_____	_____	_____

Please describe a time when your community involvement had a positive impact.

LBA Program Participation

Describe your motivation to participate in LBA.
Is it work related? Is it community related? Explain.

What one thing in Broken Arrow would you build on or change?

Describe one skill, knowledge, professional or technical expertise that could be helpful to LBA 2021.

What do you want to accomplish in LBA? What is your next step after Leadership Broken Arrow? What does success 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 released for LBA program promotion and community contact information.

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.