



LEADERSHIP HABERSHAM APPLICATION

Name: _____
Last First Middle

Home Address: _____
Street/P.O. Box

City Zip Phone Fax

E-Mail Address: _____

Are you a resident of Habersham County? Yes _____ No _____

Are you employed in Habersham County? Yes _____ No _____

Do you plan to seek public office? Yes _____ No _____

Are you self employed? Yes _____ No _____

Employer: _____

Applicant's Title: _____

Business Mailing Address: _____
Street/P.O. Box

City Zip Phone Fax

Highest level of education attained: _____

Can you commit to attend Chamber functions monthly: Business after Hours, ribbon cuttings, etc? Yes _____ No _____

Explain what you hope to gain from this program, and what contributions you will bring to the class. _____

Applicant's Signature

Supervisor or Owners Signature

Date: _____