



**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 FAX WORK E-MAIL

HOME ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE HOME E-MAIL

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 2010 is \$375.00 if your application is received PRIOR to June 14, 2009. Applications received AFTER June 14<sup>th</sup>, 2009 will be charged the late rate of \$450.00. Applicant/business will be invoiced upon acceptance. Payment is due by August 24, 2009, (Tuition is non-refundable). For Business/Organizations that have two or more applicant's accepted, program fee is \$375.00 per person.

Program Fees will be paid:  Personally  By employer  I would like to donate to LBA, please contact me.  
 I would like to donate to LBA, please invoice me/my employer this amount \_\_\_\_\_.

\*Any special Dietary requirements, please explain: \_\_\_\_\_





**Employment / Professional Growth**

Category of Employment:

- Banking     Business/Industry     Education     Government     Health Care     Laborer
- Legal     Media     Public Safety     Religion     Social Services
- Retired     Other \_\_\_\_\_

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

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Indicate your involvement in professional or business associations.

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
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**Education**

Provide information about your education.

SCHOOL	CITY	FROM YR. TO YR.	DEGREE	MAJOR
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Cite extracurricular activities and special honors or awards you have received:

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**BROKEN ARROW**

*Where opportunity lives*

Broken Arrow Economic Development Corporation  
Broken Arrow Area Chamber of Commerce

**LEADERSHIP  
BROKEN ARROW**

## **Community Involvement / Leadership**

Provide information about your community volunteer service. List your civic, social service, religious and/or other not-for-profit organizations 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**

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## **LBA Program Participation**

Describe your motivation to participate in LBA and what you believe your future contribution to the community might be.

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

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**Describe one particular skill, knowledge, professional or technical expertise that could be helpful to LBA 2010.**

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**LBA Program Participation cont'd.**

Share one interesting fact about yourself. If you are selected for LBA 2010, this information may be shared.

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**Applicant's Agreement**

I hereby give LBA's selection committee permission to verify any of the above information. LBA is an equal opportunity program. Race, gender, creed, national origin 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

**Please fax this form to: LBA 2010 at 918-251-1777**

**Or mail to:**

**Chamber of Commerce  
Leadership Broken Arrow  
123 North Main Street, Broken Arrow OK 74012**

