



LEADERSHIP CITRUS HEIGHTS

Enrollment Application

2017 – 2018 Leadership Citrus Heights Class

Name: _____

How would you like your name to appear on the name tag? _____

How would you like your name to appear at graduation? _____

Home Address: _____

How long have you been a resident in the area? _____ Home: () _____ Cell: () _____

Personal E-mail: _____

Job Title: _____ Years in Job: _____ Yrs w/current employer: _____

Employer's Name: _____ Work Phone: () _____

Work Address: _____ Fax: () _____

Work E-Mail Address: _____

Please indicate the level of education you have completed:

☐ High School ☐ College ☐ BA ☐ Masters ☐ PhD

School: _____

State why you would like to participate in Leadership Citrus Heights and what you hope to gain from the program:

What would you like to contribute to Citrus Heights as a leader?

List Professional Business Organizations in which you have been an active participant:

List key Community, Civic, Church and Faith-based Boards, Task Forces, or Commissions which you have been an active participant in any city:

In an average month, what is the approximate number of hours you spend on voluntary civic, cultural, religious or political activities, committees, or boards? _____

Briefly describe your present job and responsibilities:



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What do you think is the most pressing issue facing Citrus Heights?

How do you see Citrus Heights in relation to the Sacramento Region?

Please tell us one little known fact about yourself that others would be surprised to know:

Applicant's Agreement

Applications will be accepted until the class is filled.

Please read and sign the statement below:

It is my understanding that Leadership Citrus Heights is a learning experience and requires attendance at the regular sessions plus participation in class projects. I understand that if I miss more than eight (8) hours of programs, then I will be dropped from the class and will not graduate. If selected to participate, I will devote the time required. I agree that information contained on this application may be used in **Leadership Citrus Heights** promotions, activities and projects as deemed appropriate by the Citrus Heights Chamber of Commerce. I agree to pay the \$495 fee:

Signature: _____ Date: _____

Check Enclosed: ☐ \$495 or apply \$495 payment to:

VISA/MC #: _____ Exp. Date: _____

Signature _____ 3 Digit Code: _____

Please return application **and \$25 Application Fee** by **Monday, August 31, 2017** with payment by mail or in person to:

Citrus Heights Chamber of Commerce
Office: 7920 Alta Sunrise Drive, Suite 100, Citrus Heights, CA 95610
Mailing: P.O. Box 191, Citrus Heights, CA 95611

If you have questions please call (916) 722-4545 ext.24 or email: **Renee@chchamber.com**.

For more information about the Citrus Heights Chamber of Commerce, visit our website at **www.chchamber.com**.