



Marion Area
Chamber of Commerce
Celebrating 100 years!
Leadership Marion! Application

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Position/Title: _____

Work Address: _____

Work Phone: _____

E-mail Address: _____

I understand the purpose of the Marion Area Leadership Program (Leadership Marion!). If selected, I will participate and devote the time required to complete the program in all activities.

Applicant's Signature

Date

I have reviewed this application and understand the time and financial commitment it represents. I agree to support Leadership Marion! through the sponsor fee (\$800 for Chamber members, \$1,150 for non-members) and by releasing this applicant to attend all program activities. Applicant and sponsor/employer agree that they will, at all times during participation in Leadership Marion!, indemnify and save harmless the Marion Area Chamber of Commerce against any and all liability, loss, damage and/or related expenses incurred through the participation in Leadership Marion!.

Sponsor/Employer Signature

Date

Sponsor/Employer Name (Printed)

*Please return this application to the Marion Area Chamber of Commerce, 267 West Center Street, Suite 200, Marion, Ohio 43302-3719 by **Friday, August 25, 2017***

*You'll Feel
Right at Home!*