



## 2019 Leadership Guymon Application

Personal Data:

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Last Name                      First Name                      Middle Initial                      Preferred to be addressed as

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Business Name    Position/Title    Years in current position

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Business Address                      City                      State                      ZIP                      Telephone                      Years in Texas County

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Previous Place of Residence (if any)    Marital Status    Spouse's Name

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Email address (please list the email address you use most frequently)

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Dietary Restrictions

**Why I wish to participate** (Briefly state the reason for participating in Leadership Guymon and what you hope to gain from the program):

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**Have you participated in a leadership program in another community?**                       Yes                       No  
**Community Involvement – Please list organizations/activities and levels of involvement:**

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Skills, hobbies & interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education:

School Degree Major

Special Honors or Awards: \_\_\_\_\_

\_\_\_\_\_

Employer's Agreement:

I fully support the application of \_\_\_\_\_ for the 2019 Leadership Guymon Program. I acknowledge that I am willing to make available the necessary time for full participation in all scheduled events and activities and will pay the tuition fee of \$400 (Chamber Member fee) or \$450 (non-Chamber Member fee). Attached is my letter of recommendation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Agreement:

I understand the purpose of the Leadership Guymon Program, the **requirement to attend a minimum of 80% of the scheduled events and activities**, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, I agree to devote the time required.

If accepted to participate in the 2019 Leadership Guymon Program, I agree that the information contained on this application may be used for Leadership Guymon promotions, activities and projects, as deemed appropriate by the Guymon Chamber of Commerce.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application by January 10, 2019 to:

Guymon Chamber of Commerce

Rt. 5, Box 120

Guymon, OK 73942

OR email to: jada@guymonokchamber.com