

Application for Building Effective Local Leadership Teams

2008 Leadership Conference

PLEASE PRINT:

Association: _____

Type Association - check one: Active _____ ESP _____ Merged _____

Team Members – **four to six team members are required for this training:**

Name	Position in Local Association
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5*. _____	_____
6*. _____	_____

*Optional

President's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (include area code): Home: _____

Work: _____ Other: _____

Email – if applicable: _____

President's Signature: _____