



*Opportunity Awaits*

267 W Center St, Marion, OH 43302 | 740.382.2181

### **Leadership Marion! Application**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Hobbies/Clubs: \_\_\_\_\_

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 (\$850 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 **Thursday, August 30, 2024**. Payment eligible for tax deductible contribution by making check out to Marion Area Chamber Foundation.

