



THE CHAMBER
LEADERSHIP FMWF

APPLICANT AND EMPLOYER AGREEMENT

Please keep a copy for your records.

APPLICANT

I understand the purpose of the Leadership Fargo Moorhead West Fargo program and the commitment expected of class members. If selected, I will devote the required time to attend all functions of the program. I understand my attendance, preparedness and a professional demeanor are mandatory and that if I fail to meet the obligations of the program, I will be terminated from the program without a tuition refund.

If selected to participate in the 2019-20 Leadership Fargo Moorhead West Fargo program, I will arrange for payment of my tuition by Friday, September 13, 2019.

Signature: _____ Date: _____

EMPLOYER/SPONSOR

I fully support the application of _____ for the 2019-20 Leadership Fargo Moorhead West Fargo program. His/her employer/sponsor is willing to make available the necessary time for full preparation in all scheduled classes and activities. I will make sure they can attend all sessions without penalty. I also understand if they are removed from the class for absences, the tuition will not be refunded.

Employer/Sponsor Signature: _____ Date: _____

Printed Name: _____

Business/Organization Name: _____

Email: _____

This form MUST be mailed or emailed with the LFMWF application to:

MAIL

The Chamber
Attn: Alyssa Ralston
202 First Avenue North,
Moorhead, MN 56560

EMAIL

aralston@fmwfcchamber.com



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FARGO MOORHEAD WEST FARGO