

LEADERSHIP  
MCKINLEY  
2020  
APPLICATION



Return your  
application by  
December 6th, 2019

Full Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Work \_\_\_\_\_

Phone Cell \_\_\_\_\_



Your Name \_\_\_\_\_

Thank you for your interest in the McKinley Leadership 2019 Program. This program is for professionals and community members in McKinley County. You do not have to be a member of the Chamber of Commerce to participate in the program. Selection for the program is based on interest, ability to attend all meetings (you cannot miss more than 1 class to be considered for the program) and interest in growing as a leader in our community.

\_\_\_\_ **I have read and agree to the above. Please initial.**

Tuition for the program: Chamber members \$1250 and Non Chamber member \$1450. Tuition is due on or before the first classroom date: January 31st, 2019. You may pay with check or credit card. You will receive an invoice upon being accepted into the program. Tuition can be paid by the individual, employer, or sponsoring organization.

\_\_\_\_ **I have read and agree to the above. Please initial.**

Tell us a little about your position/responsibilities

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Do you have full support of your employer for the time required to participate in this program?

YES            NO

In a few short sentences, tell us why you are interested in participating in this program:

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What do you like best about the McKinley County Community?

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Your Name \_\_\_\_\_

What are THREE challenges you see in our community that are important to you?

- 1.
- 2.
- 3.

What are THREE things you bring to this leadership program that will benefit our community?

- 1.
- 2.
- 3.

What THREE leadership competencies do you hope to enhance through your participation in Leadership McKinley?

- 1.
- 2.
- 3.

Are you committed to attend every meeting? YES \_\_\_\_\_ NO \_\_\_\_\_

\*Every session starts at 9:00am and ends at 4:00pm. We will take a lunch break,

\_\_\_\_ **I have read and agree to the above. Please initial.**

If you cannot attend a meeting, which meeting can you not attend?

\_\_\_\_\_



Your Name \_\_\_\_\_

If there is any other information you would like us to consider in your application, please share below:

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Your commitment: I understand the purpose, requirements and attendance expectations for this program. I understand that completion of this form does not guarantee my acceptance as a participant. If selected to participate, I will make the commitment to attend the classroom days. I understand that I will be notified by December 20th, 2018 with a response to my application.

**I have read and agree to the above. Please initial.**

Please return your application to:  
Bill Lee at [bill@thegallupchamber.com](mailto:bill@thegallupchamber.com)

Gallup McKinley County Chamber of Commerce | 106 W. Hwy 66 Gallup, NM 87301 |  
[www.thegallupchamber.com](http://www.thegallupchamber.com)



Your Name \_\_\_\_\_