



**Decatur Leadership Institute**  
A Greater Decatur Chamber of Commerce Program



Sponsored by

## 2019 DLI Application

**Application Deadline: August 16, 2019**

*Your professional resume and Applicant Statement must accompany this form*

PERSONAL

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years in Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

PROFESSIONAL

Please list schools attended, field of study, professional institutes or training programs:

\_\_\_\_\_

\_\_\_\_\_

EDUCATION

### RECENT RESUME & APPLICANT'S STATEMENT (please attach)

What are your reasons for wanting to participate in the Decatur Leadership Institute program?

How do you feel you can contribute to the program?

### DLI ALUMNI SPONSOR (if applicable)

Please list your DLI Alumni Sponsor (See attached list of DLI graduates):

### TUITION

If you are accepted into the Decatur Leadership Institute program, you or your organization will be billed for the tuition fee of \$650.00, which is due and payable in full by **August 16, 2019**. (see payment agreement)



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## PAYMENT AGREEMENT

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

Party Responsible For Payment: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In consideration of the Greater Decatur Chamber of Commerce agreeing to provide the program listed below, the undersigned responsible party (herein "Responsible Party") agrees to pay the Greater Decatur Chamber of Commerce the sum of \$650.00, covering all fees for the 2019 Decatur Leadership Institute program for the participant listed below. **Payment must be made in full, by August 16, 2019.**

I, the undersigned, understand and agree that removal or withdrawal from the program, for any reason, will not cancel the obligation described herein, and that the undersigned Responsible Party is accountable for full payment, regardless of the participant's completion status in the program.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Responsible Party:  
(either the Participant, or Company Name and Authorized Representative)

\_\_\_\_\_  
Chamber Representative: