



Twin Town Leadership Program - Application for Enrollment -

Name: _____

Employer: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Home or Cell: (____) _____

E-mail: _____

Years Lived in Twin Town Area: _____

Billing Data:

Same as Above

Other:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tuition: \$500.00 - Payable after acceptance into the program. Acceptance notification letters will be mailed prior to the start of the program.

Scholarship: If you are a member of an organization or small business and would like to be considered for the tuition assistance scholarship please check here: _____.

Support: Applicants to the Twin Town Leadership Program must have the support and commitment of their business or organization. Please obtain the signature of the head of your business/organization for their acknowledgment of your time commitment.

Signature: _____ Date: ____/____/____

Commitment: No more than two absences allowed. Advance notification to facilitator required when it's known you may be absent from a session.

I understand the purpose of the Twin Town Leadership Program and that commitments will be required.

Signature of Applicant: _____ Date: ____/____/____

Return your completed application to:
WAHPETON BRECKENRIDGE AREA CHAMBER OF COMMERCE
118 N 6TH St. • Wahpeton, ND 58075
Phone: 701/642-8744 • E-mail: info@wahpetonbreckenridgechamber.com