



# 2026-2027 Leadership Laurel Application

**Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Business or Organization:** \_\_\_\_\_

**Industry Sector:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

**Dietary Restrictions/Preferences:** \_\_\_\_\_

**Tuition Rate:** \_\_\_ \$400.00 Chamber Member \_\_\_ \$600.00 Non-Chamber Member

**Tuition Paid:** \_\_\_ Employer \_\_\_ Self \_\_\_ Employer & Self \_\_\_ Other

**Who recommend you for this program:** \_\_\_\_\_

Attendance Requirements: Acceptance into the Laurel Leadership program includes a eight month commitment, spanning from October through May. Attendance at the kick-off retreat is mandatory. Participants are highly encouraged to attend all other classes as well. Participants must attend a minimum of six sessions to graduate. Please review the dates of the retreat and sessions and consult with your employer about attendance requirements. Your signature below verifies that, if accepted into the program, you and your employer agree to abide by the attendance requirements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Questions or Concerns Contact 406-628-8105 [director@laurelmontana.org](mailto:director@laurelmontana.org)

# Leadership Laurel

**Required:** Please complete the required questions below and include these with your application

1. Explain how you think Leadership Laurel can help you fulfill your own aspirations to be a leader in the Laurel community.
2. How will participation in Leadership Laurel benefit your organization?
3. Please attach a resume that includes your educational background and work history



**Please return your application to:**

**Laurel Chamber of Commerce**

**108 East Main St.**

**Laurel MT 59044**

Or [director@laurelmontana.org](mailto:director@laurelmontana.org)