

## Application for Admission 2023-2024

September 8, October 13, November 9, December 8, January 12, February 9, March 8, April 12

Full Name:_	Preferred Name:
	ss:
City:	State:Zip:
Home Phone	Cell Phone:
Employer:	Business Address:
	State:Zip:
	usiness or Organization (if applicable):or Dietary Requirements:
Please conta	ct me to discuss accommodations needed to participate in the RDLI
What is your	definition of leadership?
	e cost of the RDLI Program is \$850. Checks should be made e Mt. Pleasant Area Chamber of Commerce. Tuition will be paid by:
Me	My Employer My Sponsor
	You will not be permitted to attend orientation or the first class if your scheduled payments have not been received.
Signature of	Sponsor or Employer Title
Signatu	e of Applicant  Date  Mt. Pleasant Area CHAMBER OF COMMERC