



# APPLICATION/ REGISTRATION

FIRST NAME		MIDDLE INITIAL	LAST NAME			
RESIDENTIAL ADDRESS						
STREET ADDRESS			STATE	ZIP CODE		
COUNTY	BUSINESS PHONE	CELL PHONE		COMPANY POSITION		
PERSONAL EMAIL ADDRESS			BUSINESS NAME			
DESCRIBE THE RESPONSIBILITIES, TYPE OF BUSINESS AND HOW LONG YOU WORKED THERE						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Are you currently an elected public official? YES or NO</b>  <div style="text-align: center;">Circle One</div> </td> <td style="width: 50%; padding: 5px;"> <b>Are you a candidate, as a public official, for election from 9/2023—4/2024? YES or NO</b>  <div style="text-align: center;">Circle One</div> </td> </tr> </table>					<b>Are you currently an elected public official? YES or NO</b> <div style="text-align: center;">Circle One</div>	<b>Are you a candidate, as a public official, for election from 9/2023—4/2024? YES or NO</b> <div style="text-align: center;">Circle One</div>
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LIST RELEVANT EDUCATION YOU'VE COMPLETED (INCLUDE COLLEGE, LEADERSHIP, CERTIFICATIONS)						
LIST HONORS/AWARDS YOU'VE RECEIVED (INCLUDE ORGANIZATION, LOCATION AND DATE RECEIVED)						
LIST CIVIC, PROFESSIONAL, RELIGIOUS, SOCIAL, ATHLETIC OR OTHER ORGANIZATIONS YOU ARE A MEMBER						
List two references below:						
Name		Phone Number				
Name		Phone Number				
Direct Supervisor: I acknowledge the class schedule on the reverse of this application and will make every effort to insure applicant is available to attend classes.						
Supervisor's Name		Phone Number				
Supervisor's Signature		Date:				
<p>I agree to comply with the guidelines for Leadership East Texas, Inc. I understand the cost of tuition and time requirements to complete the course. My supervisor acknowledged the time requirements for LET above. I am prepared to fulfill the time and tuition requirements for LET and agree to all terms of the program. <b>I understand that I must attend at least five of the six scheduled classes listed on the other side of this application to be a part of 2026 graduating class. If I miss more than one, but less than four classes I will be permitted to attend the missed classes the following year's class and graduate then. PLEASE INITIAL THAT YOU UNDERSTAND THIS SECTION:</b> _____</p>						
Printed Name: _____						
Signature: _____ Date: _____						

