



APPLICATION FORM

YOUNG LEADERSHIP PROGRAM



If printing, please duplicate and complete this form for each individual within your company submitting an application for membership in AGC Georgia's Young Leadership Program. If you are not reviewing this via an electronic form and you would like for one to be sent to you, please email Machell Harper at harper@agcga.org.

APPLICANT INFORMATION

Name	<input type="text"/>	Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job Title	<input type="text"/>	How long have you been in this position?	<input type="text"/>
Office Phone	<input type="text"/>	Cell Phone	<input type="text"/>
		College Attended	<input type="text"/>
Email	<input type="text"/>	LinkedIn Account To Connect With	<input type="text"/>

SPONSORING COMPANY INFORMATION

Company Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Signature of Principal with Sponsoring Company	<input type="text"/>		

FOR THE APPLICANT TO COMPLETE

1. Tell us about yourself. Either write or type in the space below or submit separately by email.

Example: At present company for 4 years; previously worked for LMN Company for 3 years; graduated from XYZ College with degree in Construction Management. I enjoy spending time with family, and playing softball. Currently, I'm a project manager on the new office complex in Gwinnett County. I am also active in these other associations...

2. To enhance your leadership experience. YLP members are encouraged to serve on one (1) of three (3) **Areas of Focus**.

Please select the Area(s) of Focus of most interest to you:

☐

Membership Development/Networking

☐

Charitable Works

☐

Professional Development

Signature of Applicant	<input type="text"/>	Date of Application	<input type="text"/>
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PAYMENT OPTIONS

☐

Invoice my company for the \$600 Young Leadership Program annual fee.

☐

Charge my credit card in the amount of \$600

☐

Visa

☐

MC

☐

AmEx

☐

Disc

Card Number

Name on Card

Expiration Date

CVV

Regardless of payment method, please scan and email completed application to harper@agcga.org. For more information or questions about the application process, please contact Machell Harper, Senior Director of Member Services at 678.298.4108 or harper@agcga.org.