GENERAL INFORMATION

Today's Date:		
First Name:	MI:	
Last Name:		Auglaize, Logan, Mercer, and Shelby Counties
Address:		
City:	State:	_ Zip Code:
Phone:	Email:	
Birthdate:	Gender:	Male Female
Employer:		
Employer Address:		
City:	State:	Zip Code:
Employer Email:		
Please describe your off-far	m employment:	

Please describe your connection to agriculture:

PAYMENT · COMMITMENT · SIGNATURES

Please indicate how you plan to pay for the program fee. Fee must be paid by <u>Friday, March 10, 2023</u> .	ALMS AG. LEADERSHIP PROGRAM
\square I am paying the fees personally.	FARM
\square My employer is paying my fee.	BUNEAU
☐ The fee will be shared by myself and my employer/other Organization, see below.	Auglaize, Logan, Mercer, and Shelby Counties
\square I am being sponsored by another Organization whom will pay a fee, see below.	
Organization:	
Email:	
Commitment to Participate/A The ALMS Ag Leadership program will consist of 5 session	• •
June, July, and August. The sessions will include meals a most sessions beginning at 9 a.m. and adjourn no later of expected to attend all sessions and any absence must be leader. Spouses may not attend the same class.	and programming costs with than 4 p.m. Participants are
I understand the requirements of the ALMS Ag. Leaders to pay the \$125 fee for participation. I have discussed pwith my Employer and other invested parties and their sup	participating in the program
Participant's Signature:	Date:
I have reviewed the time commitments for this program a employee's participation in the ALMS Ag. Leadership Prog	
Employer's Signature:	Date:
Employer Title:	

Applications must be postmarked or emailed by <u>Friday, March 10, 2023</u>. Please email to jsmith@ofbf.org or mail to the following address:

ALMS Ag. Leadership Program
Attn: Jill Smith
110 Industrial Drive Suite C
Wapakoneta, OH 45895