GENERAL INFORMATION

Today's Date:		ALMS AG. LEADERSHIP	
First Name:	MI:		FARM
Last Name:		Auglaize, L Mercer, an Shelby Cou	logan, d C unties
Address:			
City:	State:	_ Zip Code:	
Phone:	Email:		
Birthdate:	Gender:	Male	Female
Employer:			
Employer Address:			·····
City:	State:	Zip Code	:
Employer Email:			

Please describe your off-farm 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 Friday, March 3, 2023.

 \Box I am paying the fees personally.

 \square My employer is paying my fee.

□ The fee will be shared by myself and my employer/other Organization, see below.

□ I am being sponsored by another Organization whom will pay a fee, see below.

Organization: _____

Email:



Commitment to Participate/Approvals

The ALMS Ag Leadership program will consist of 5 sessions held during March, April, June, July, and August. The sessions will include meals and programming costs with most sessions beginning at 9 a.m. and adjourn no later than 4 p.m. Participants are expected to attend all sessions and any absence must be approved by our program leader. Spouses may not attend the same class.

I understand the requirements of the ALMS Ag. Leadership Program and am willing to pay the \$125 fee for participation. I have discussed participating in the program with my Employer and other invested parties and their support is indicated.

Participant's Signature: _____ Date: _____

I have reviewed the time commitments for this program and agree to support my employee's participation in the ALMS Ag. Leadership Program.

Employer's Signature: _____ Date: _____

Employer Title: _____

Applications must be postmarked or emailed by Friday, March 3, 2023. 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

For more information contact Jill Smith at 877 775 7642 or jsmith@ofbf.org