## GENERAL INFORMATION

| Today's Date:     |         | ALMS AG. LEADERSHIP                     |                         |
|-------------------|---------|---|-------------------------|
| First Name:       | MI:     |   | FARM                    |
| Last Name:        |         | Auglaize, L<br>Mercer, an<br>Shelby Cou | logan,<br>d C<br>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, February 23, 2024.

ALMS AG. LEADERSHIP PROGRAM Auglaize, Logan, Mercer, and C Shelby Counties

 $\Box$  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 \$150 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, February 23, 2024. 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