

## **TEDC Future Leaders Training**

## **Program Application**

Applicant Information						
Full Name:_	e:			Date:		
	Last	First			M.I.	
Address:	Street Addre	ess				Unit #
	City				State	ZIP Code
Phone:			_Email:			
Fundament & TEDO Membership						
Employment & TEDC Membership						
Company:						
Job Title:						
Responsibili	ities:					
How long ha	ave you hel	d this position?				
Are you an Professional TEDC Member in good standing YES NO						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Applicant Comr		Signatu	ıro.	
If I am accepted into the TEDC Future Leaders Training program, I commit to complete the following within three (3) years (initial below):						
Attend six (6) FLT Seminars—at least one seminar from within each Leadership Topic						
Attend six (6) TEDC Board Meetings						
Visit each open TEDC Committee at least once						
Serve as an active member of at least one (1) committee each year of the program						
Signature:					[	Date:
-						
Supervisor Support						
Supervisor	must com	olete this section.				
Supervisor I	Name:					Title:
Company:					F	Phone:
If	commit to	(applicant name) i enable them to attend six (6) FL (3) years.	s accepted into T Seminars, pl	the TEL us assoc	DC Futur ciated TE	e Leaders Training (FLT) EDC conferences from start
Signature:					[	Date: