



## SDAO BOARD LEADERSHIP ACADEMY

## **Participant Application**

| PARTICIPANT INFORMATION                                       |  |  |              |                 |
|---|--|--|--------------|-----------------|
| Name:   |  |  | Title:       |                 |
| District:   |  |  |              |                 |
| Address:  |  |  |              |                 |
|   | City   |  | State        | ZIP Code        |
| Phone:  |  | Email:   |              |                 |
| ☐ I wish to participate in the SDAO Board Leadership Academy. |  |  |              |                 |
| require certifica   | stand that there is no obligation to<br>ments must be completed within thation. Once the bronze-level certific<br>er and gold-level requirements for | nree years of my enrollicate has been received | ment date in | order to obtain |
| Signature:  |  |  | Date         | ):              |

## **HOW TO APPLY**

Please complete this application and send by mail, email, or fax to:

SDAO | PO Box 12613 | Salem, Oregon 97309 Fax: 503-371-4781 | Email: MemberServices@sdao.com