

# Emerging Leaders Development Program

## APPLICATION FORM

### Eligibility

Open to anyone who is not credentialed. The program is designed to benefit current and aspiring local government managers and staff who want to hone their management skills. ICMA encourages work groups such as managers, assistant managers, department directors, and mid-level supervisors to enroll and complete the program together. ICMA also encourages international members to enroll.

### Application

Complete this application form and send it along with your resume or curriculum vitae to: ICMA University Emerging Leaders Development Program, attn: Nedra James, ICMA, 777 North Capitol Street NE, Suite 500, Washington DC 20002. ICMA will respond with program details within 10 business days of receipt of your application. You will be invoiced if accepted into the program. [Non-member price \$800]

To make it easier for you to complete, this application form is set up so that you can type in your information in the blocks provided in this PDF file. When you have completed your application, please print it out and mail it in with your resume or curriculum vitae.

Please direct any questions about program to Nedra James, ICMA University, at [njames@icma.org](mailto:njames@icma.org) or 202-962-3648.

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Mr.  Ms. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Office Email: \_\_\_\_\_ Home Email: \_\_\_\_\_  
ICMA Member:  Yes  No ICMA Member Number: \_\_\_\_\_  
Please contact me via:  Mail  Telephone  Email At my:  Office  Home  
I am applying to join the  April or  October ELDP class.  
Do you have a preferred coach? If so, who? \_\_\_\_\_ (must be a credentialed manager)

### Commitment Signature

I support \_\_\_\_\_'s participation in the ELDP program.

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Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Description of your current responsibilities

Brief description of your organization (number of employees, annual operating budget, function or service provided, etc.)

List professional honors, awards, or publications; professional or volunteer activities

Why do you want to participate in the ICMA University Emerging Leaders Program?