



Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ (used for correspondence)

Years living or working in New Ulm \_\_\_\_\_

Age: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Sex: \_\_\_\_\_

Note: The answers to the above questions are optional. We are interested in them because one of the goals of Network New Ulm is to have a diverse class with ethnic, gender, and professional balance.

**COMMUNITY INVOLVEMENT:**

Please describe present or past involvement in community organizations, activities, volunteer work:

Organization	Approximate Dates	Position Held/Responsibilities

**CURRENT BUSINESS/ASSOCIATION AFFILIATION:**

Business (employer) or Association Affiliation (if any):

Mailing Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**OTHER WORK EXPERIENCE: (Begin with most recent)**

Employer/Location (City, State)	Position/Responsibilities	From-To

**EDUCATION:** (High School, Vocation School, College, Etc.)

School	City/State	From-To	Degree

**GENERAL INFORMATION:**

Why do you want to participate and what do you hope to gain from Network New Ulm?

---

---

---

---

Is there anything else you would like to discuss about yourself or your experiences that would aid in the selection process?

---

---

---

---

**COMMITMENT:**

To successfully complete and graduate from the Network New Ulm Program, a participant is expected to attend ALL sessions in full. If you are unable to make the necessary commitment, it is not in your best interest to apply at this time.

**TUITION:**

**Chamber member - \$450**

**Non-Chamber member - \$550**

If accepted into the Network New Ulm Program, you or your company/organization will be billed for the tuition fee which covers all costs, meals and refreshments associated with the nine sessions and graduation.

**APPLICANT' S AGREEMENT:**

I understand the purpose of the Network New Ulm Program, the requirement to attend the scheduled sessions, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, I will devote the time required.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

=====

**EMPLOYER' S AGREEMENT:**

I fully support the application of \_\_\_\_\_ for the 2023-2024 Network New Ulm Program, and I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled sessions.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Completed applications must be received by **July 31, 2023**

Return to New Ulm Area Chamber of Commerce  
1 North Minnesota Street  
P.O. Box 384  
New Ulm, MN 56073  
507-233-4300  
chamber@newulm.com