

Leadership Cleveland Alumni Profile

Name: _____

Class Year: _____

Business: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Occupation: _____

Personal Information you would like to share (spouse, children, hobbies):

What was the impact of your participation in Leadership Cleveland either personally or professionally?

Are you interested in being a participant in the Alumni Association? _____

Return to the Chamber at: FAX- 423-472-2019; or email to BDouglas@clevelandchamber.com.