



CHESAPEAKE ALLIANCE
Leadership Circle Membership Application

Date: _____

Do you have a Chesapeake Alliance member sponsoring you and if so, who?

Yes (who): _____

Applicant Name: _____

Applicant Business and Title: _____

Applicant Contact Information (preferred mailing address, phone, email):

Work: _____

Home: _____

Other organizations you are affiliated with: _____

Do you hold any political office (If yes, what?) _____

What interests you about joining the Chesapeake Alliance?

Are you willing to be an active advocate for the City of Chesapeake? (Yes/No): _____

Chesapeake Leadership Circle dues are \$1,000/year and used to fund advocacy events at local venues.

Send Completed Application to:

Dan Bell
809 Royal Grove Court
Chesapeake, VA 23320
757-373-6517
danginobell@outlook.com

Chesapeake Alliance
PO Box 5008,
Chesapeake, VA 23324