



HIGHLANDS
CHAMBER OF COMMERCE

LEADERSHIP HIGHLANDS

2025 APPLICATION

Full Name

Preferred Name

Mailing Address

Preferred Email

Mobile Phone Number

Work Phone Number

Birthdate (month/day/year)

Full-time or part-time resident

Years lived or worked in the Highlands area?

Social Media Sites

Emergency Contact Name & Phone Number

Are you or your business a member of the Highlands Area Chamber of Commerce?

Allergies/Food Sensitivities/Physical Limitations

Civic Organizations/Non Profits/Local Community Involvement?

What do you believe are three (3) major strengths of the Highlands area?

What do you believe are two (2) significant challenges of the area?