



UACPA Leadership Academy Application.

Please email your completed application to Lisa Ostrander lostrander@uacpa.org

First Name _____ Last Name _____

Email Address _____ Phone _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Birth Date _____

Current Employer _____

Position _____

UACPA Member ☐ Yes

☐ No

Practice Area ☐ Academia ☐ Business & Industry ☐ Consulting

☐ Government ☐ Public Accounting

Organization Size ☐ Small <10

☐ Medium 10-24

☐ Large 25+

Honors, Awards and Other Achievements _____

LinkedIn Profile Link _____