

Membership Application

Young Leaders of Guernsey County is an affiliate of the Cambridge Area Chamber of Commerce.



Connect. Educate. Grow. Serve. Community.

PERSONAL Name:		Date of Birth:
Mailing Address: _		
City:	State:	Zip Code:
Phone:	Email:	
		Job Title:
City:	State:	Zip Code:
Phone:	Email:	
Preferred email:	Home \square Work \square Please send to be	oth Preferred mailing: Home Work
	Please Complete O	ther Side
Annual Meml	bership Fee: \$50	Make checks payable to
\Box Check Enclosed \Box Please Invoice \Box Credit Card		Cambridge Area Chamber of Commerce
Name on Card:		
Card #:		Expiration Date:
Signature:		Date:

Return Applications to:





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PLEASE COMPLETE THIS SIDE.			
How long have you lived and/or worked in Guernsey County?			
Please list any other area clubs or organizations that you are a part of:			
Please check all that apply:			
What time of day works best for you? □Early Morning □Lunch □Evening			
What day(s) of the week work best for you?			
\square Monday \square Tuesday \square Wednesday \square Thursday \square Friday \square Weekend			
What type of events interest you?			
\square Service \square Educational \square Social \square Networking			
What topics would you be interested in learning about during the 101 series?			
\square Homebuying \square How a Board of Directors operates \square Robert's Rules of Order \square Business Ethics			
\square Work/Life Balance \square Smart Investing \square Business Communications \square Multi-generational Workplace			
\Box Other:			