



Membership Application

Connect. Educate. Grow. Serve. Community

PERSONAL:

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

WORK:

Employer: _____ Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred email: Home Work Preferred mailing: Home Work

Referred by a Young Professional member?

Please tell us who! _____

****Please Complete Other Side****

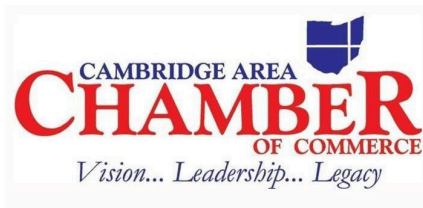
Annual Membership Fee: \$50

Check Enclosed Please Invoice Credit Card

Name on Card: _____

Card #: _____ **Expiration Date:** _____

Signature: _____ **Date:** _____



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

Return Applications to:

Cambridge Area Chamber of Commerce 433 Wheeling Avenue, Cambridge 740-439-6688
info@cambridgeohiochamber.com FAX 740-439-6689



YOUNG PROFESSIONALS OF GUERNSEY COUNTY

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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?

Monday Tuesday Wednesday Thursday Friday Weekend

What type of events interest you?

Service Educational Social Networking

What topics would you be interested in learning about during a 101 series?

Homebuying

How a Board of Directors operates

Robert's Rules of Order

Business Ethics

Work/Life Balance

Smart Investing

Business Communications

Multi-generational Workplace

Other: _____

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