

Young Professionals Membership Form

Date: _____

Primary Contact Information

Name: _____

Phone: _____

Email: _____

Contact Preference:

- Email
- Phone

Business/Work Information:

Company Name: _____

Address: _____

Phone: _____

Website: _____

Please indicate which Committees you may be interested in:

- Activities
- Volunteer
- Marketing/Membership

Membership Package:

- 1 year membership Individual: \$20
- 1 year membership Couple: \$30 (each person needs to fill out a form)

Name: _____

Please make checks payable to:

Stuart Area Young Professionals
PO Box 537
Stuart, IA 50250

Internal use

Date Received:

Payment Method: Check Cash

Initials: