



JOLIET AREA YOUNG PROFESSIONALS

Membership Application



Name: _____ Date of Birth: ____ / ____ / ____

Business/Organization: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____

Mailing Address (if different from listed above): _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Business Category Code (See accompanying forms) _____

Membership Dues: _____ \$50.00 for Individual Membership if Joliet Chamber Member
_____ \$100.00 for Individual Membership if Non-Chamber Member

Membership fees are billed annually on anniversary date
Payment must accompany application
Please Make Checks Payable to Joliet Area Young Professionals

Method of Payment: _____ Check _____ Visa _____ MC _____ Amex _____ Discover

Card Number: _____ Expiration Date: ____ / ____

Billing Zip Code: _____ Security Code _____

Signature: _____

If you have any ideas or suggestions for the group, please list them below:

If you are interested in joining any of the committees within the
Joliet Area Young Professionals, please mark below:

_____ Membership Recruitment/Retention _____ Social/Entertainment _____ Communications

_____ Professional Development/Education _____ Volunteerism/Community Affairs