

## **JOLIET AREA** YOUNG PROFESSIONALS

Membership Application



Name: L	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 forn	ns)		
Membership Dues: \$45.00 for Individual \$100.00 for Individual	al Membership d annually on a company ap	if Non-Chamber Member anniversary date plication*	
Method of Payment: Check Vis	a M0	C Amex Di	scover
Card Number: Security Signature:		Expiration Date:/	
If you have any ideas or suggestion	s for the grou	p, please list them below:	
If you are interested in joining Joliet Area Young Profes	•		
Membership Recruitment/Retention	Social/En	tertainment Commur	nications
Professional Development/Educati	ion V	olunteerism/Community Affai	rs
P.O. Box 752 Joliet, Illinois 60434-0752 (815) 72	27-5371 Fax (8	B15) 727-5374 www.JolietChamb	er.com