



JOLIET AREA YOUNG PROFESSIONALS Membership Application

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

Business/Organization: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

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

Mailing Address (if different than listed above): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Business Category (Industry): _____

Membership Dues: _____ \$45.00 for Individual Membership if Joliet Chamber Member
 _____ \$100.00 for Individual Membership if Non-Chamber Member

Membership fees are billed annual on anniversary date
Payment must accompany application
Please make checks payable to Joliet Area Young Professionals

Method of Payment: _____ Check _____ Credit Card

Card Number: _____ Expiration Date: ____ / ____ / _____

Billing Zip Code: _____ Security Code: _____

Signature: _____

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

