



MEMBERSHIP APPLICATION

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ NAME PREFERRED: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL PREFERRED: _____

EMPLOYMENT INFORMATION

CURRENT EMPLOYER: _____ EDMOND CHAMBER MEMBER? YES: ___ NO: ___

TYPE OF BUSINESS: _____ TITLE/POSTION: _____

EMPLOYERS ADDRESS: _____ CITY: _____ ZIP: _____

WORK PHONE: _____ WORK EMAIL: _____

PAYMENT INFORMATION

The annual membership fee for Edmond Young Professionals is \$25 if you work for a member of the Edmond Chamber and \$35 if you work for a non-Chamber member. College students receive a special discounted rate of \$10.

_____ CHECK ENCLOSED (payable to: Edmond Chamber) _____ INVOICE ME (Edmond Chamber members only)

_____ CASH VISA: _____ MASTERCARD: _____ AMERICAN EXPRESS: _____ DISCOVER: _____

CARD NO: _____ EXP. DATE: _____

CODE: _____ ZIP: _____

Presenting Sponsor:

