

# Membership Application

Membership: January-June \$30.00 July- December \$15.00

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Name of Business or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about YPHC? \_\_\_\_\_

Who referred you to YPHC? \_\_\_\_\_

Would your business or employer be interested in sponsoring a YPHC luncheon meeting?

If so, Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting to secure a membership with Young Professionals of Hardin County. I understand that my membership will be based on when this application and payment of dues are received by Young Professionals of Hardin County. The term membership is within current year. By signing below I authorize YPHC to publish my information in the YPHC directory. The directory shall be used only by other members of YPHC. I understand if I do **not** want my information published I am responsible for notifying the secretary. I also agree as a member I will not release my directory to anyone outside of YPHC to be used for alternate purposes. Dues are paid in the amount of \$30.00 January thru June and \$15.00 July thru December.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks payable to: Young Professionals of Hardin County**

Mail to: Elizabethtown Chamber of Commerce

Attn: Young Professionals of Hardin County

111 West Dixie Avenue

Elizabethtown, KY 42701

Do you need a paid receipt for your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

For YPHC Use Only

Date Received \_\_\_\_\_ By \_\_\_\_\_