

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 _____