

# YOUNG PROFESSIONALS OF THE CHAMBER OF COMMERCE

## MEMBERSHIP APPLICATION

Membership in the Young Professionals may be obtained by:

- Any person who is an employee of a member in good standing of the Leavenworth-Lansing Area Chamber of Commerce.



Business Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Direct Line: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_



Find upcoming events on our Facebook Page!



\_\_\_\_\_ \* **Automatically invoice for a corporate membership annually.**

Rep Signature: \_\_\_\_\_ Email: \_\_\_\_\_

*If choosing Corporate Sponsorship, please provide list of YP Members:*

Rep Name: \_\_\_\_\_ Email: \_\_\_\_\_

Rep Name: \_\_\_\_\_ Email: \_\_\_\_\_

Rep Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ \* **Automatically invoice me individually through my company, annually.**

Rep Signature: \_\_\_\_\_ Email: \_\_\_\_\_

### Method of Payment Enclosed

Check

Credit Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp: \_\_\_\_\_/\_\_\_\_\_

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

### **Annual Investment Amount Options:**

Annual Membership Per YP Member **\$25**

**OR**

Annual Corporate Membership **\$100**

*Includes Unlimited YP Members, Recommended for Large Businesses*

Mail, Fax or Email this Form to:  
Leavenworth-Lansing Area Chamber of Commerce  
518 Shawnee Street Leavenworth, KS 66048  
Fax: 913.682.8170 Email: [sindy@lchamber.com](mailto:sindy@lchamber.com)