

YOUNG PROFESSIONALS

OF FOND DU LAC

* Help YPF grow, refer a friend!

Date of Application: _____

Name: _____
Last First Middle Initial

Employer: _____ Title: _____

Business Address: _____
Number Street City State Zip Code

Work Telephone: () _____ Email: _____

Home Address: _____
Number Street City State Zip Code

Home Telephone: () _____ Date of Birth: _____
(Must be at least 21 for acceptance)

Primary Communication: **Home / Work** (Circle One)

How did you hear about YPF? (Check One)

- | | |
|--|--|
| <input type="checkbox"/> FDL Association of Commerce | <input type="checkbox"/> YPF Website |
| <input type="checkbox"/> Friend/Coworker: _____ | <input type="checkbox"/> YPF Facebook Page |
| <input type="checkbox"/> Media: _____ | <input type="checkbox"/> Other (Please specify): _____ |

YPF offers the opportunity to get involved in various Committees. Would you have any interest in participating in any of the following: (Please check any/all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Governance Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Program and Events Committee |

Annual Membership Dues: \$50.00 YPF – A Division of the Fond du Lac Area Association of Commerce

- Yes, I am interested in YPF Membership**
- Check Enclosed
 - Bill Me
 - Bill My Employer

I hereby grant permission to YPF or any related affiliate to use the information on this application in any promotion or advertising. I also verify that all information as listed above is true and correct to the best of my knowledge.

 Signature Date

For Office Use Only:

- Invoiced: _____ Payment Received: _____ Approved: _____ Letter : _____
 Credit Card: _____ Exp. Date: _____