



MEMBERSHIP FORM

York Young Professionals, Inc.

DATE: _____

NAME: _____ DOB (XX/XX/XXXX): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

COMPANY: _____

JOB TITLE: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ WORK EMAIL: _____

WERE YOU REFERRED BY SOMEONE, IF YES, WHO? _____

HOW DID YOU HEAR ABOUT YYP (FRIEND / WORK / FACEBOOK / OTHER ? _____

SEND MAIL TO: Home
 Work

SEND EMAIL TO: Home
 Work

BEST PHONE: Home
 Work

MAIL REGISTRATION FORM & DUES (\$60) TO:

York Young Professionals
PO Box 2721
York, PA 17405

QUESTIONS? Write to info@yorkyp.com