



# New Era Networkers – GBCC Young Professionals Group

## 2024 GBCC YOUNG PROFESSIONAL MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

LinkedIn \_\_\_\_\_ Website \_\_\_\_\_

Business Category \_\_\_\_\_

How did you hear about the GBCC Young Professional Program?

Referred by \_\_\_\_\_ Website \_\_\_\_\_

Other \_\_\_\_\_

**A membership may be revoked by the Board of Directors for conduct deemed detrimental to the Chamber’s programs or reputation. Young Professional membership is limited to YP programming. Does not include Brookfield Chamber membership programs.**

### Membership Fee: \$75/year per individual membership

*Please make checks payable to the Greater Brookfield Chamber of Commerce or payment via credit card. Membership fee is non-refundable.*

I have included a check in the amount of \$ \_\_\_\_\_

I choose to pay by credit card (please fill out the information below)

*credit card number* \_\_\_\_\_ *exp. date* \_\_\_\_\_ *3-digit # on back* \_\_\_\_\_ *charge amount* \_\_\_\_\_

*billing address for card name* \_\_\_\_\_ *billing zip code* \_\_\_\_\_

*signature* \_\_\_\_\_ *date* \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_