



MEMBERSHIP APPLICATION

NAME

First Name

Last Name

COMPANY INFO

Company Name

City

Work Phone

Your Title

Mailing Address - Street, City, and Zip Code

YOUR EMAIL

CELLULAR NUMBER

IS YOUR COMPANY A CHAMBER MEMBER?

Yes

No

REASON(S) FOR JOINING

Networking

Community Involvement

Professional Development

Leadership Development

Please Sign Here

THANK YOU FOR YOUR INTEREST IN JOINING
THE HABERSHAM YOUNG PROFESSIONALS!
WE LOOK FORWARD TO MEETING YOU!

Please fill out this form and bring it in to the
Chamber or email to Alex Michelle - HYP Chair
marketing@habershamchamber.com