



FLAGSTAFF YOUNG PROFESSIONALS APPLICATION

Name: _____

Profession: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Home Work

Email Address: _____ Birthdate: _____

I heard about the FYP from/referred by: _____

What are you looking for in the FYP Program? _____

Are you interested in volunteering for a committee? If yes, which committee(s)

Community Service Projects Educational Development Networking Events Marketing

Membership Dues: \$29.95 Annually

Payment Method: Credit Card Check (*payable to Greater Flagstaff Chamber of Commerce*)

Credit Card Number: _____

Expiration Date: _____

CVV Number (*Security*): _____

Signature: _____

Please return application with payment to: Greater Flagstaff Chamber of Commerce, 101 W Route 66, Flagstaff, AZ 86001, or email to FYP@FlagstaffChamber.com