



FYP Application

Name: _____

Title: _____

Company Name: _____

Phone: _____ Work e-mail: _____

Personal email: _____ Birthdate: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

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:

Employed by Chamber Member: \$19.95 ☐

Employed by Non-Chamber Member: \$39.95 ☐

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

Credit Card # _____

Expiration _____

CVV # (Security) _____

Signature _____

INTERNAL USE ONLY

LOGGED INTO YP MEMBERSHIP MASTER FILE _____

PAID _____

MEMBERSHIP EXPIRATION DATE _____

SALES REP _____

Please Return Application with Payment To:

The Greater Flagstaff Chamber of Commerce

ATTN: Flagstaff Young Professionals

101 W. Rte 66

Flagstaff, AZ 86001

Phone: (928) 774-4505