



how young professionals engage - etowah

MEMBERSHIP APPLICATION

MEMBER INFORMATION

FIRST NAME:

LAST NAME:

EMPLOYER:

TITLE:

Employer is a member of The Chamber, Gadsden/Etowah County.

CELL PHONE:

OFFICE PHONE:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF BIRTH:

MEMBERSHIP PAYMENT INFORMATION

I am a United Way Everyday Giver. (Membership is free.)

I will personally pay my hype! membership fee of \$25 annually.

My employer will pay my hype! membership fee of \$25 annually.

PAYMENT TYPE:

INVOICE

PAYMENT ENCLOSED

CHARGE MY CREDIT CARD

BILLING ADDRESS (If different from above):

CITY:

STATE:

ZIP CODE:

CREDIT CARD INFORMATION (If selected above)

CREDIT CARD TYPE: (MC, VISA, AMEX, DISCOVER)

NAME AS IT APPEARS ON CARD:

NUMBER:

EXP:

SECURITY CODE:

AMOUNT:

BILLING ADDRESS ON CARD:

CITY:

STATE:

ZIP CODE:

SIGNATURE:

DATE: