

Mt. Pleasant Young Professionals Network Membership Application

Annual Membership Dues: \$40

Name:		
Company Name:		
Address:	City:	Zip:
Phone:		
Email:		
Date: Jo	ob Title:	
<u>Payment</u>		
☐ My organization is a Mt. Pleasant Chambe	r Member. Please send invo	ice.
☐ Check or money order enclosed (make pay	yable to Mt. Pleasant Area Ch	namber of Commerce)
☐ Please charge my credit card: ☐ Visa	☐ Mastercard ☐ Discove	er 🗖 Am. Express
Name on Card	Card number	
Billing Address		
Exp. Date Sec. Code	Signature	

113 W. Broadway, Suite 180, Mt. Pleasant, MI 48858

**Membership Dues do not cover cost of ALL YPN Events or food or drinks purchased at Membership Meetings

Phone: (989) 772-2396 Fax: (989) 773-2656 <u>www.mt-pleasant.net</u>

http://www.facebook.com/mpyoungpros