



MEMBERSHIP APPLICATION

Date: _____

Company Name: _____
As you want it to appear in the Directory and on the Website

Phone: _____ **Fax:** _____
As you want it to appear in the Directory and on the Website

Physical Address: _____ **City/St** _____ **Zip** _____

Mailing Address: _____ **City/St** _____ **Zip** _____

Company Website: _____

Primary Contact: _____ **E-Mail** _____

Primary Contact Job Title: _____

Type of Business: _____

Social Network Services

Facebook: _____ **Linked In:** _____

Plaxo: _____ **Twitter:** _____

The Katy Young Professionals is a program organized by the Katy Area Chamber of Commerce. Members of the Katy Young Professionals must also be current members of the Katy Area Chamber of Commerce.

Signature _____ **Date** _____

Referred by: _____

KYP Badge Yes ___ No ___ _____ \$15/each

Pay via:

_____ Check Enclosed _____ Credit Card _____ Please Mail Invoice

Credit Card Number: _____

Expiration Date: ____/____/____ **CVV2 Security** _____

Name on Card: _____

Billing Address: _____

City: _____ **St** _____ **Zip** _____

Phone: _____ **Email:** _____

Please indicate a Committee Preference:

___ Social

___ Professional Development

___ Communications

___ Community Service

___ Steering Committee

Mail Application with Payment or Invoice Request to:
 Katy Area Chamber of Commerce 23501 Cinco Ranch Blvd., Ste. B206 Katy, TX 77494
 Fax 281.391.7423 281.391.KATY (5289)