



YOUNG PROFESSIONALS MEMBERSHIP APPLICATION

CHECK ONE: New Member Renewal

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PREFERRED PHONE: _____ WORK PHONE: _____

FAX: _____ PREFERRED EMAIL: _____

EMPLOYER: _____ INDUSTRY: _____

POSITION TITLE: _____ CORPORATE SPONSOR: _____

- Membership Option 1: I would like to join the Whitney M. Young Jr. Society and contribute financially to ULGM and ULGMYP. Please complete the attached Whitney M. Young Jr. Society Pledge Form and return it with your application.
- Membership Option 2: I would like to make a "10 Hour Community Service Pledge" to the ULGM. I would like to be contacted by ULGMYP and the ULGM Volunteer Coordinator to discuss my commitment to volunteer with ULGM.
- Membership Option 3: I would like to join the Whitney M. Young Society and commit to the "10 Hour Community Service Pledge".

Fax it: 608.729.1205 Email it: ypmembership@ulgm.org Mail it: See address below

Please complete the following information. Providing this information is optional.
The information will only be used in aggregate for programming purposes.

GENDER		AGE		RACE/ETHNICITY	
Male	<input type="checkbox"/>	18-25	<input type="checkbox"/>	African-American / Black	<input type="checkbox"/>
Female	<input type="checkbox"/>	26-30	<input type="checkbox"/>	American Indian / Native American	<input type="checkbox"/>
EDUCATION COMPLETED		31-35	<input type="checkbox"/>	Asian-American	<input type="checkbox"/>
High School	<input type="checkbox"/>	36-40	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>
Associates Degree	<input type="checkbox"/>	Over 40	<input type="checkbox"/>	Hispanic / Latino	<input type="checkbox"/>
Technical Degree	<input type="checkbox"/>			Other	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>				
Advanced Degree	<input type="checkbox"/>				

Are you interested in learning more about any of the following YP committees?

- | | | |
|---|--|--|
| <input type="checkbox"/> Communications & Marketing Committee | <input type="checkbox"/> Personal & Professional Development Committee | <input type="checkbox"/> Service Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Public Policy Committee | <input type="checkbox"/> All Committees |

For chapter use only:
 Date Rec'd _____ Check No. or Cash or Electronic _____ Amount _____