



## Membership Registration Form

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Position with company: \_\_\_\_\_

Preferred contact e-mail: \_\_\_\_\_

Preferred phone/text number: \_\_\_\_\_

DOB: \_\_\_\_\_ Snail Mail: \_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Share your ideas. What would you like to see YP get together and do? What kinds of activities would you be interested in? What would make you want to tell a friend about YP?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please mail this form and \$25 annual membership fee to:**

Williston Area Chamber of Commerce

c/o Williston Young Professionals

PO Box G

Williston, ND 58802