



SONORA YOUNG PROFESSIONALS

A BRANCH OF THE SONORA CHAMBER OF COMMERCE

Membership Application

First Name: _____ Last Name: _____

Company Name (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Company web site: _____

Email address: _____

I'd like more information about:

Volunteer opportunities Hosting an event Leadership roles with SYP

Professional development workshops Sonora Chamber of Commerce

Other: _____

Annual Membership Rates:

Young Professional - \$50 Student - \$25

SYP/Sonora Chamber Member referring you (if any): _____

Office Use Only: QB ML WS CC FB WN MI MA