

Membership is open only to Guam Chamber of Commerce Members. Please complete the information below and email this form to the Guam Chamber office at [info@guamchamber.com.gu](mailto:info@guamchamber.com.gu)  
Call for questions: 671.472.6311/ 8001



**GUAMYOUNGPROFESSIONALS**

A Committee of the  
Guam Chamber of Commerce

## MEMBERSHIP APPLICATION

### Personal Information:

FULL NAME: \_\_\_\_\_  
*LAST FIRST M.I.*

BEST PHONE No.: ( ) \_\_\_\_\_ Alternate Phone No. ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status (Optional): \_\_\_\_\_

Referred by: \_\_\_\_\_

### The information in the section below may be made available for public information:

BUSINESS / ORGANIZATION NAME: \_\_\_\_\_

Title or Responsibility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Number of Years at this Employment: \_\_\_\_\_

Education:  High School  Some College  2-Year Degree  4-Year Degree  Master's Degree  PhD

### Which Committee of the GYP interests you?

**BE INSPIRED** (Professional and Leadership Development, Career Placement, Advancement, Community Services)

**BE INFLUENTIAL** (Business, Economic, Legislative Issues, Special Interests)

**BE CONNECTED** (Marketing, Networking, Social Events, Membership)

I am interested in joining the committee I checked above. Please add me to the Committee Roster.

I just want to be kept informed about the committee's activities via email.

By signing below, I agree to join the Guam Young Professionals as a member with full understanding that my membership will automatically be renewed annually until I reach the age of 40 or I express in writing to cancel my membership. I understand that communications about GYP activities will be sent via email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CHAMBER OFFICIALS ONLY:

Date Received: \_\_\_\_\_  Added to Membership Roster by: \_\_\_\_\_