



Membership Application

Personal

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Work

Employer: _____ Job Title: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Preferred Email: Home Work Send to both. Preferred mailing: Home Work

How long have you lived and/or worked in Knox County? _____

Please list any other area clubs or organizations that you are a part of:

Annual Membership Fee: \$35

Check Enclosed Please Invoice Employer Sponsorship Charge to: Visa MC

Name on Card: _____ Card #: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Please return completed form to Knox County Chamber of Commerce.

Email to chamber@knoxchamber.com or mail to

501 South Main Street, Mount Vernon OH 43050 (CHECKS PAYABLE TO KC CHAMBER OF COMMERCE)

LINK UP WITH KNOX COUNTY YOUNG PROFESSIONALS

An affiliate of the Knox County Chamber of Commerce