



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