

Ross County Young Professionals Membership Application

Name _____
First Middle Initial Last Date

Age _____ Date of Birth ____/____/____ Business Name _____

Business Mailing Address _____

Job Title _____ Phone _____

Fax _____ Email _____

Signature _____ Referred by: _____

I am interested in the following areas:

- ☐ Community Engagement
- ☐ Marketing (Website, newsletter, event promotion, social media)
- ☐ Professional Development (development luncheons, mentorship programs, employment)
- ☐ Social Development (monthly after hours events, social outings)
- ☐ Membership (serve as EPIC Ambassador, assist in building membership)
- ☐ EPIC Board (monthly meeting with area leaders: Mayor, Commissioners, Chamber, etc.)
- ☐ Executive EPIC Program (help YP's to build their business and position themselves as leaders in their field)
- ☐ Other: _____

General Information (optional):

Hometown: _____

Education: _____

Family: _____

Favorite Things About Chillicothe/Ross County: _____

What Do You Hope to Gain from this YP Membership: _____

Membership Fee Information:

Annual Dues for EPIC are **\$100** Full Time Students- **\$50** (must provide documentation)

Payment Method:

- ☐ Check (Please include your name on the check for our records)
- ☐ Credit Card Number _____ Expires _____

Billing Address _____

Security Code (3 Digits on back) _____ Signature _____

- ☐ Please Bill Me (Chamber Members Only)

****A membership to EPIC does not entitle the member a Chamber membership, nor is a Chamber member entitled an EPIC membership**



Return to: Chillicothe Ross Chamber of Commerce

Mail: 45 E. Main St. Chillicothe, OH 45601

Fax: 740-702-2727

Questions/Additional Info: Contact Briana Hood at

740-702-2722 or bhood@chillicotheohio.com