

## South Metro Young Professionals

### Registration Form

Thank you for choosing to join the South Metro Young Professionals. Please provide us with the following information so that we can ensure you get the most out of this as possible.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Business: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you worked in this field? \_\_\_\_\_

Member of any Chamber of Commerce? Yes or No

If Yes, which Chamber: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

#### **Annual Membership Fee**

(Please select which box best describes you, and include that stated amount):

Chamber Member: \$35

Non Chamber Member: \$50

Please mail this document along with the above amount to:

**ATTN: South Metro Young Professionals**

1121 Town Centre Drive, Suite 102

Eagan, MN 55123