



**El Centro
Chamber of Commerce**
& VISITORS BUREAU

IMPERIAL VALLEY YOUNG PROFESSIONALS ORGANIZATION

1095 South 4th Street
El Centro, CA 92243
Phone: (760) 352-3681
Fax: (760) 352-3246

MEMBERSHIP ACTIVATION FORM

Name: _____ Date of Birth (Optional*): _____

Company: _____ Position: _____

Phone: _____ Email: _____

What interested you in the Young Professionals Organization?

What do you hope to achieve by participating in this program?

Suggestions for Programs or Events:

By signing below, I understand and agree that:

- Annual dues are \$25 for the first YPO Member from an employer and \$10 for each additional employee;
- Occasional Chamber approved notices and advertisements will be sent to me, but I can opt out of such future communications;
- Activities and opportunities are for my advantage, development and participation; and
- YPO Membership includes present and future benefits not listed.

Signature of YPO Member: _____

Date: _____

Signature of Employer: _____

Date: _____

* Age of members is for demographic and informational purposes only.