

Young Professionals of the Palms West Chamber of Commerce



Membership Application Form

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Website: _____ Type of Business: _____

Birthday: _____ Referred By: _____ Membership Badge: \$10.00 Yes ___ No ___

Interest: _____

MISSION: To foster an arena in which the Young Professionals of the Western Communities can network with each other to develop both professionally and personally

GOAL: Uniting our Young Professionals for the development of our local businesses, enriching our community and actively supporting our WestFest Angels

Individual Membership

_____ \$50.00 (PWCC member)

Is your company a member of the Palms
West Chamber of Commerce?

Yes _____ No _____

Payment Method: Cash _____ Check #: _____ Credit Card Number: _____

Exp Date: ___/___ Billing Zip Code: _____ Authorized Signature: _____

Signature: _____ Date: _____

Please fax completed application to (561) 791-2069



For Membership questions, please contact Jessica Clasby @ 561-790-6200 or Jessica@palmswest.com