

Young Professionals of Midland Membership Application

GENERAL INFORMATION

Name: _____

Date of Birth: ____ / ____ / ____ Gender: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

How long have you lived in Midland/Odessa: _____

EMPLOYMENT

Present Employer: _____

Title: _____ Start Date: _____

Responsibilities: _____

Would you like to be listed in the YPM Business Directory? (Y/N): _____

EMPLOYMENT HISTORY

Previous Employer: _____

Title: _____ Length of Employment: _____

Responsibilities: _____

Previous Employer: _____

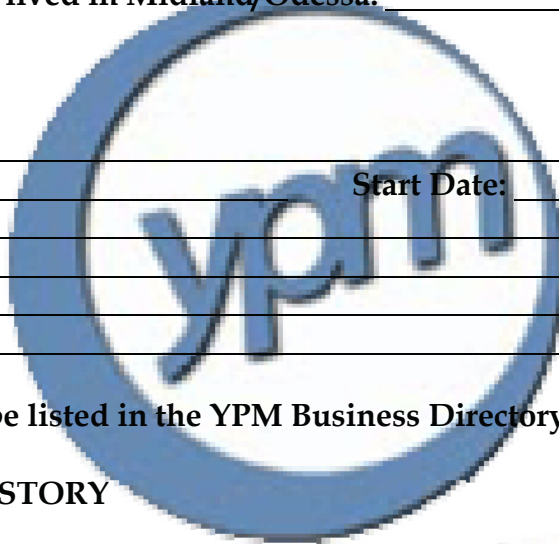
Title: _____ Length of Employment: _____

Responsibilities: _____

Previous Employer: _____

Title: _____ Length of Employment: _____

Responsibilities: _____



EDUCATION

Name and Location of School: _____

Degree / Certificate with Area of Interest: _____

Dates Attended: _____

Name and Location of School: _____

Degree / Certificate with Area of Interest: _____

Dates Attended: _____

Name and Location of School: _____

Degree / Certificate with Area of Interest: _____

Dates Attended: _____

COMMUNITY ACTIVITIES

List any community, civic, professional, business, religious, social, or other organizations of which you have been a member within the past five years and any official positions held:



MOTIVATION

What is your interest in joining YPM? _____

Are you interested in direct participation in any YPM committees: Membership, Leadership, Community Outreach, or Social? _____

Referring YPM Member (Optional): _____

Applicants Name (Print): _____

Signature: _____ **Date:** _____

Please make sure you have answered every question and all information is truthful and accurate. Then save and email this form to ALancaster@YPMidland.org or print and mail this application to the Young Professionals of Midland, P.O. Box 3369, Midland, Texas 79702.