



Membership Application

Date _____

Member Information:

Name _____ Title/Occupation _____

Business/Employer _____

Business Address _____

Business Phone _____ Personal Phone _____

Email Address _____

Date of Birth _____

Membership Dues:

- Please check one: Employee of a Greater Shreveport Chamber of Commerce Member Business
 Employee of a Bossier Chamber of Commerce Member Business
 New YPI Member (Employee of a Non-Chamber Business) **(\$40 annually)**

Method of payment:

Cash or Check (Pay to the order of Greater Shreveport Chamber of Commerce)

Credit Card Visa MC AX Discover

Name on Card _____

_____ Number _____ Expiration Date

Who pays your membership?

Personal Investment

Employer Investment

other, please specify _____

How did you hear about the YPI group? _____

Please list YPI member who recruited you (if applicable): _____

Committee Interest:

I am interested in volunteering on a committee for YPI. Please contact me about volunteer opportunities on the following committees: (Please check those of interest to you)

Professional/Personal Development

Fundraising (Finance, Sponsorships, etc.)

Communications (Newsletter, Media relations)

Sports/Health

Membership

Annual 40 under 40 Gala

Community Service

Event/Program Planning

Education

Other? _____

**FAX to 318.677.2541 or mail:
ATTENTION YPI
400 Edwards Street
Shreveport, LA 71101
Please allow 2 weeks for processing**

Questions?

Call 318-677-2500
Email ypi@shreveportchamber.org
Visit www.shreveportchamber.org