

2017 Annual YPO Membership Application

First Name	Last Name
Date of Birth (Month/Day/Year)	Referred by (if applicable)
Mailing Address	
City	Zip Code
Work Phone #	Cell Phone #
Occupation	Employer
E-mail Address (All communication is done by email)	
List community organizations/programs you are currently involved in:	

Please check one:

- New member (\$75)
- I am using CEP Credit or Complimentary based on my employer's investment level
 - Credit
 - Complimentary

Method of Payment: (check one unless otherwise indicated above)

- Check # _____ enclosed (payable to: Chamber & Economic Partnership)
- Visa MasterCard Discover AMEX

Card Number #: _____

Expiration Date: _____ **Verification Code (on back of card):** _____

Name on card: _____

Signature: _____

APPLICANTS MUST BE A CEP PARTNER

Your membership is for a one-year period.

Renewal invoices will be sent on the anniversary date of joining YPO.

Questions? Contact Bart@OcalaCEP.com