

Pine Belt Young Professionals Membership Form

Name: _____
 Employer: _____
 Title: _____
 Preferred Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

Membership Effective 10/1/18 through 9/30/19

See below for options. Thank you for your membership!

Annual PBYP Membership Dues \$ 75.00

Prepay Six (6) Blue Plate Lunches
 Optional – if you desire to prepay, please enter amount (\$60) at right \$ _____

TOTAL PAYMENT DUE: \$ _____

My Check/Money Order is included (make payable to Area Development Partnership)

Please charge my credit card (circle one)

Visa MasterCard Discover Amex

Card Number: _____

Name as it appears on card: _____

Expiration: _____ Security Code: _____

Billing Zip Code: _____

Signature: _____

I will pay via credit card online at www.pinebeltyoungprofessionals.com

Membership will be activated upon receipt of payment.

I AM INTERESTED IN:

- Being on a committee
- Community service
- Professional development
- Volunteering at a PBYP event
- Other _____

If mailing, please return to:

PBYP c/o Area Development Partnership, One Convention Center Plaza, Hattiesburg, MS 39401