



## PINE BELT YOUNG PROFESSIONALS MEMBERSHIP FORM

**Please return this form to [receptionist@theadp.com](mailto:receptionist@theadp.com).**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Membership Effective 10/1/19 through 9/30/20**

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	\$ _____
<b>TOTAL PAYMENT DUE:</b> .....	<b>\$ _____</b>

- My Check/Money Order is included (make payable to Area Development Partnership)
- Invoice me
- 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 [HERE](#). Please click "Pay My PBYP Dues Now".

**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