



PINE BELT YOUNG PROFESSIONALS MEMBERSHIP FORM

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

Membership Effective 10/1/20 through 9/30/21

See below for options. Thank you for your membership!

- | | |
|---|----------|
| <input type="checkbox"/> Annual PBYP Membership Renewal Dues | \$ 75.00 |
| <input type="checkbox"/> New PBYP Membership (Joining Oct.-March) | \$ 75.00 |
| <input type="checkbox"/> Prorated New PBYP Membership (Joining April-Sept.) | \$ 37.50 |

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 <https://www.theadp.com/pine-belt-young-professionals/join/>

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 _____

HOW DID YOU HEAR ABOUT US?

- Social Media
- Website
- ADP
- From a friend
- Other _____

IF MAILING, PLEASE RETURN TO:

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