



Membership Investment

for the Hanover Area Young Professionals Fiscal Year 9/1/2014 through 8/31/2015

Employer (if applicable): _____
Applicant First and Last Name: _____
Applicant Job Title (if applicable): _____
Applicant Address: _____
Applicant Phone: _____
Applicant Email: _____

Hanover Area Young Professionals Annual Membership: \$30

Membership includes admission to quarterly events.

Why join HAYP?

When you become a member of HAYP, you are joining a large group of like-minded professionals with whom you can network and build relationships, while becoming more involved within the community. Your membership includes admission to our quarterly social and professional development events where you can have fun, make new connections, and hone your business skills. HAYP is devoted to helping develop the next generation of business leaders in the area and members have the opportunity to take on leadership roles and responsibilities within the organization.

Total Remittance.....
Please make checks payable to Hanover Area Young Professionals, sign and return the original copy with your remittance. Please make a copy for your records.

(Signature) (Date)

Please indicate payment preference.

- Check enclosed
- Please charge my credit card

Billing Contact: _____
Billing Address: _____
Credit Card No.: _____
Visa MasterCard _____
Expiration: _____
CCV: _____

Amount Due: \$30.00

Please remit payment and application to: The Hanover Area Chamber of Commerce, 146 Carlisle St, Hanover, PA 17331
For Questions please call 717-637-6130



Proud Member of the Hanover Area Chamber of Commerce *Business. Community. Commitment.*