



MEMBERSHIP APPLICATION

Personal

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Work

Employer: _____ Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred email : Home Work Please send to both Preferred mailing: Home Work

How long have you lived and/or worked in Licking County? _____

Please list any other area clubs or organizations that you are a part of: _____

Annual Membership Fee: \$25

Check Enclosed Please Invoice Employer Sponsorship Please charge to: VISA MC AMEX

Name on Card: _____ Card #: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Please return completed form to Brittany Misner, Membership and Affiliate Director of the Licking County Chamber of Commerce. Please email to bmisner@lickingcountychamber.com or mail to 50 West Locust Street, Newark, OH 43055. Checks can be made payable to **Young Leaders of Licking County**.

THE NEXT GENERATION OF LICKING COUNTY LEADERS.

Young Leaders of Licking County is an affiliate of the Licking County Chamber of Commerce