

Ross County Young Professionals Membership Application

Name _____
First Middle Initial Last Date

Age _____ Date of Birth ___/___/___ Business Name _____

Business Mailing Address _____

Job Title _____ Phone _____

Fax _____ Email _____

Signature _____ Referred by: _____

I am interested in the following areas:

- Community Engagement
- Marketing (Website, newsletter, event promotion, social media)
- Professional Development (development luncheons, mentorship programs, employment)
- Social Development (monthly after hours events, social outings)
- Membership (serve as EPIC Ambassador, assist in building membership)
- EPIC Board (monthly meeting with area leaders: Mayor, Commissioners, Chamber, etc.)
- Executive EPIC Program (help YP's to build their business and position themselves as leaders in their field)
- Other: _____

General Information (optional):

Hometown: _____

Education: _____

Family: _____

Favorite Things About Chillicothe/Ross County: _____

What Do You Hope to Gain from this YP Membership: _____

Membership Fee Information:

Annual Dues for EPIC are **\$50** (Includes all benefits)

Friend of EPIC- **\$25** (Includes networking and volunteering only)

Payment Method:

- Check (Please include your name on the check for our records)
- Credit Card Number _____ Expires _____

Billing Address _____

Security Code (3 Digits on back) _____ Signature _____

- Please Bill Me (Chamber Members Only)

****A membership to EPIC does not entitle the member a Chamber membership, nor is a Chamber member entitled an EPIC membership**



Return to: Chillicothe Ross Chamber of Commerce

Mail: 45 E. Main St. Chillicothe, OH 45601

Fax: 740-702-2727

Questions/Additional Info: Contact Briana Hood at

740-702-2722 or bhood@chillicotheohio.com