



Please Print in Black or Blue Ink

Name _____					
Address _____					
City _____		State _____		Zip _____	
Primary Phone Number _____					
Employer _____					
Position _____					
Work Phone Number _____					
Fax Number _____					
Email Address _____					
Date of Birth (Month & Day Only) _____					
Please State Interests and Capabilities that could be useful to the organization:					
Where do you prefer to receive your communication? Home _____ Work _____					
How did you hear about GPULYP? _____					
<u>COMMITTEE of INTEREST</u>					
_____ Fundraising		_____ Membership			
_____ Community Service		_____ Marketing & Public Relations			
Please print (2) copies: (1) for your records and (1) to send along with your check to complete your membership process. Please mail this form to the address above with a check. You will receive your membership materials in the mail in 1-2 weeks.					
Applications are also available by calling 602.254.5611 or at http://www.gphxulyp.org/membership.html					
Memberships and contributions are tax deductible:					
Please make your \$60.00 check payable to Greater Phoenix Urban League Young Professionals and mail it with this completed printable form to: GPUL Young Professionals 1402 South Seventh Avenue, Phoenix, AZ 85007-3902					
Office Use Only:					
Treasurer		Date		Check #	
Corresponding Secretary		Date			
Membership		Date			