



## Membership Form

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

College: \_\_\_\_\_ State: \_\_\_\_\_ Major: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ How long have you lived in the Charlotte Area? \_\_\_\_\_

First Junior Chamber event? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

What other groups or charities have you been involved in? \_\_\_\_\_

Do you currently own your own business? \_\_\_\_\_ If not, would you like to? \_\_\_\_\_

What benefit(s) are you seeking most in a young person's organization? \_\_\_\_\_

What questions do you have for us? \_\_\_\_\_

