



Saipan Chamber of Commerce

P.O. Box 500806 Saipan, MP 96950

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2018 Saipan Young Professionals Committee Membership Application

Name of individual:	Professional title:
Chamber member business, new business, government agency, or non-profit organization's name:	
Business physical location:	Type of business:
Business postal address:	
Home postal address:	
E-mail address:	Date of birth:
Land line & mobile phone number	
Please indicate activities interest you: <input type="checkbox"/> Networking events <input type="checkbox"/> Fundraising events <input type="checkbox"/> Membership development <input type="checkbox"/> Outreach and Charitable Causes	
Signature of applicant: _____ (Print name) _____	
I certify that all information on this form is correct and that I have read and understand the Bylaws and Code of Ethics of the Saipan Chamber of Commerce and agree to comply with them. I am agreeing to join the Saipan Chamber Young Professionals as a member with the full understanding that my annual dues will be automatically renewed until I reach the age of 35 or until I express my intent, in writing, to cancel my membership.	

Membership Category: (check one only)

_____ **Young Professional** - for individuals who are (a) employed by Chamber members, (b) employed government agencies/non-profit organizations that are listed as Chamber members, (c) are *not* listed as official representatives on the main Chamber membership application), and (d) aspiring business leaders/ Chamber members - **\$35 annual dues (Send bill to: HOME or BUSINESS).**

_____ **Mentor** (for Chamber members who are listed as official representatives on the Chamber application or Chamber members who are beyond the suggested age range but wish to contribute their time and talents to the committee as a mentor) – **NO annual fee**