



La Porte
**YOUNG
PROFESSIONALS**

MEMBER APPLICATION

NAME

COMPANY & TITLE

MAILING ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

CELL PHONE

LEAP MEMBER RECOMMENDATION

HOW DID YOU HEAR ABOUT US?

PROFESSIONAL DEVELOPMENT

WHICH AREAS WOULD YOU MOST LIKE TO DEVELOP?

WORK/LIFE BALANCE

STRESS MANAGEMENT

SELF/TIME MANAGEMENT

NETWORKING

GETTING INVOLVED

OTHER _____

WHAT IS YOUR PRIMARY INTEREST FOR JOINING LPYP?

The undersigned agrees that by becoming a member of the La Porte Young Professionals, he/she is consenting to the receipt of e-mail messages from LPYP and may use a range of communication methods to manage his/her mentoring relationships including face-to-face contact, email, and telephone if applicable.

SIGNATURE

DATE