



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? _____

