



2010 MEMBERSHIP APPLICATION

The purpose of Orlando Young Professionals (OYP) is to encourage and facilitate professional development through meaningful exchange of information and perspectives relative to the Greater Orlando economic region. OYP provides members with unparalleled opportunities to access community leaders and foster quality business and personal relationships.

OYP members are dedicated to promoting a brighter future for our community through individual and collective involvement in programs that enhance future opportunities and the quality of life of Central Florida.

OYP sponsors monthly speaker programs, social events and community service projects.

Membership Application Process - In order to keep the exclusivity of OYP, we require all potential members to be “sponsored” by two members of our executive board. The complete process is listed below:

1. Potential members fill out an application.
2. Bring the completed application to the next OYP event(s) and get executive board members to “sign” off on your membership. Board members will ask questions about you personally and professionally to try to get a feel for you and your industry.
3. Once your application is complete and you have a minimum of two executive board member signatures, your application can be submitted.
4. Your membership will be up for discussion and vote at the next executive board meeting, held the first Thursday of every month. At that time, the board will make a recommendation for approval, or denial, of membership.
5. Once approved, your membership dues are then due and your membership benefits begin immediately.

PLEASE TYPE OR NEATLY PRINT:

NAME: _____

EMPLOYER: _____

MAILING ADDRESS: Office or Home

Street OR P.O. BOX _____

City _____ State: Florida Zip: _____

PREFERRED EMAIL: Work or Personal

Work: _____

Personal: _____

TELEPHONE NUMBERS:

Office: (_____) _____ (ext.) _____ Facsimile: (_____) _____

How did you hear about OYP: _____

I am interested in getting involved on a committee: Yes or No

Brief Description of Career Goals: _____

Why do you want to join OYP: _____

EXECUTIVE BOARD MEMBER SIGNATURES:

Signature: _____ Date: _____

Signature: _____ Date: _____

We look forward to receiving your completed application. Once membership is approved, you will receive a membership packet filled with valuable information, t-shirt, membership nametag, and the OYP Membership Directory.