



Corporate Membership Application

Date: _____

Company Name: _____

Contact Person: _____

Mailing Address: _____

City _____ State: _____ Zip _____

Phone #: _____ Email: _____

Designated TCYP Members:

<u>Name:</u>	<u>Email:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

If you do not have designated TCYP Members, leave names blank and get their information to us when you have it.

- Corporate Sponsorship: \$300 / One Year
- 5 Memberships
 - Listing & Link on our website
 - TCYP Supporter Sign for your Business

Please send your payment of \$300 to: Tri County Young Professionals
PO Box 2121
Sidney, NY 13838

For questions or more information: Kerri Green, TCYP President
607-267-8541
info@tcypgroup.org

*Thank you for your support of the
Tri County Young Professionals!*