



Membership Application

Date: _____

Name: _____

Occupation/Title: _____

Business: _____

Mailing Address: _____

City _____ State: _____ Zip _____

Phone #: _____ Email: _____

TCYP Website Membership Profile:

Would you like your contact information listed on our website? YES NO

Please print as you would like your profile to appear. Any information you do not want listed, please leave blank.

Name: _____ Company: _____

Occupation / Position: _____

Email: _____ Phone: _____

We will link your company/personal website information so other members can contact you. ***Please pick no more than 3:***

Company Website: _____

Facebook Link: _____

LindkedIn Link: _____

Twitter Link: _____

Other: _____

Please Mail Your Application With The \$35.00 Annual Membership Fee To:

Tri County Young Professionals
PO Box 2121
Sidney NY 13838

Checks Payable To:
Tri County Young Professionals

Thank You & Welcome!



New Member Survey

Name: _____

Email: _____ Company: _____

What activities / events would you like to participate in?

What seminars / programs would you like to see TCYP organize?

Are you interested in participating on a committee? YES NO

If yes, which ones are you interested in? (please circle):

Fundraising Events Membership Political

Would you be interested in serving on the board? YES NO

Additional comments or questions?

Thank you for joining The Tri County Young Professionals.
Please help us with our efforts by referring colleagues and friends.

**You can find TCYP online at:
www.tcypgroup.org and on Facebook!**

Please return with your membership application or:

Email: info@tcypgroup.org

Mail: PO Box 2121, Sidney NY 13838

General Questions/Comments: Kerri Green, President - 607-267-8541
Event Questions: Sara Boulanger, Events Chair – 607-432-7003
Billing/Payment Questions: Zoe Vandermuelen, Treasurer – 607-369-8508