

Shakopee Area Chamber & Visitor Bureau

YOUNG PROFESSIONALS GROUP

**REGISTRATION FORM**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Chamber Membership representing: \_\_\_\_\_

Business Title or Responsibility: \_\_\_\_\_

*(Please check applicable items below)*

I am willing to actively utilize the networking and socializing to meet new people within the Shakopee Chamber.

I am willing to share interesting and educational information about my business at a Young Professionals Group event.

I am willing to volunteer for the Shakopee Chamber & Visitor Bureau as a way to learn more about the community and meet even more people.

I am willing to encourage others to join the Young Professionals Group.

I am a guest of: \_\_\_\_\_

Signed: \_\_\_\_\_