Please complete the information below and FAX this form to the Guam Chamber office at 671.472.6202 or EMAIL to info@guamchamber.com.gu



MEMBERSHIP APPLICATION

A Committee of the Guam Chamber of Commerce

PERSONAL INFORMATION			
Full Name:			
Last Mailing		First	M.I.
Address			
Home Phone: ()		Alternate Phone: ()
E-mail Address:			
Date of Birth:	Marital Status	(Optional):	
BUSINESS/ORGANIZATION INFORMATION			
	The information in this sec	ction will be made available for	or public information.
Business/ Organization:			
Title or Responsibility:			
Mailing Address:			
Work Phone:			
PROFESSIONAL INFORMATION			
High School 2-Year Degree Masters Degree			
Education:	Some College	4-Year Degree	Doctorate
How many years have you	been working?		
Referred by:			
MEMBERSHIP			
	Be Inspire	ed.	
	Professional and Leadership Development, Career Placement, Advancement, Community Service		
Which Committee			
interests you?	Be Influential. Business, Economic, Legislative Issues, Special Interests		
	Be Connected.		
		ectea. Networking, Social Events, Membe	ership
Annual Membership Fee	\$50 My Company/Orga	nization is a Chamber member Bill	Ducinoce
(Select the BILL TO address by checking	\$50 My Company/Organization is a Chamber member. Bill Business \$100 My Company/Organization is not a Chamber member. This membership will automatically		
one option provided.)	activate Chamber mem	bership for me under Associate Me	
	Bill (please choose) [Home Business	
By signing below, I agree to join the Guam Young Professionals as a member with the full understanding that my annual dues will be automatically renewed until (a) I reach the age of 40, or (b) I express in writing, my intent to cancel my membership.			

Signature Date REVISED: September 2014