

ULGCYP MEMBERSHIP APPLICATION

To join, fill out this membership application form and mail it, along with a \$75 check made payable to Urban League of Greater Cleveland, to the address listed below (attention Young Professionals). Please print all information clearly.



2930 Prospect Avenue, Cleveland, Ohio 44115 • 216.622.0999 ext. 270
email: ulgcy@ulcleveland.org

YOUR INFORMATION

Name: _____ Date of Birth: _____
first middle last month day year

EMPLOYER/BUSINESS INFORMATION – check if you want your correspondence sent here

Company: _____ Title: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____ Fax: _____

HOME INFORMATION – check if you want your correspondence sent here

Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____ Fax: _____

EDUCATIONAL AND ORGANIZATIONAL INFORMATION

College: _____ Major: _____
Graduate School: _____ Degree: _____
Other Professional & Social Organizations: _____

How did you hear about ULGCYP? Advertisement Event Website Email Friend Other

Referral name or source: _____

COMMITTEE INVOLVEMENT

Check the Committee(s) with which you would like to become involved:

- | | |
|--|--|
| <input type="radio"/> Community Services | <input type="radio"/> Marketing and Public Relations |
| <input type="radio"/> Fund-Raising | <input type="radio"/> Membership |

PLEASE NOTE: The information you provide to ULGCYP is solely for use within the organization. ULGCYP will not provide information to any other party for the purpose of solicitation, although we may occasionally make the membership list available to other not-for-profit organizations for delivering special event information. Select (nonpersonal) information provided on this form may appear in the membership directory, which is used as a tool for interaction among members.

Please check the following if you do not wish to:

- Appear in the membership directory
- Receive special announcements (from organizations other than ULGCYP)

I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings or any record of any event, for any promotion or advertising of ULGCYP. I attest that the above information is true.

Signature: _____ Date: _____