



Marshfield Young Professionals Membership Form 2019

Please send completed forms **with payment** to:
MACCI – Attn: MYP, 700 S Central Ave, Marshfield, WI 54449

Contact Information

Name: _____

Address (Street, City, ST Zip): _____

Employer: _____ Occupation: _____

Preferred Email: _____

Preferred Phone: _____ T-Shirt Size: _____ Birthday (Month/Day): _____

Membership Criteria (according to Article III of the Bylaws)

Members must satisfy the following criteria to be considered in good standing:

- a.) Complete registration form for membership.
- b.) Pay annual dues for membership within 90 days of the new membership year.
- c.) Regularly attend monthly meetings, socials, and professional development workshops and take part in community service projects, fundraisers, and volunteer opportunities, provided by MYP.
- d.) Exhibit professional conduct when representing MYP in the public and during events. This includes adhering to all applicable laws, including those that prohibit activity based on age.

Failure to adhere to any of these requirements is grounds for removal from MYP without refund of annual dues.

MYP Annual Membership Fee - Amount Due: \$30.00

Cash / Check (Payable to MACCI)

**If employer is paying your dues, please include payment with form.*

Credit Card (Visa or MasterCard)

Card #: _____ Exp Date: ____ / ____ VCode _____

By signing below, you certify you agree to the Membership Criteria as outlined above and all information provided on this form is true to the best of your knowledge. You also grant permission for MYP to publish photos taken of you during MYP programs, events, community service projects, and/or workshops where you are representing the organization.

Signature of MYP Member: _____ Date: _____



marshfieldyp@gmail.com