

GCYPN Application



Grant County Young Professionals Network

First Name _____ Last Name _____
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Cell Number (____) _____ Date of Birth: month _____ day _____ year _____
Email _____
Employer _____ Supervisor _____
College Attended _____ Major(s) _____

Are you new to Marion/Grant County? Yes No

Tell us about your interests. _____

I am interested in the following GCYPN events:

- Mixers
- Quarterly Events
- Volunteer Opportunities

How did you hear about GCYPN? _____



GCYPN is an association of the Marion-Grant County Chamber of Commerce

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