



menomonie area
YOUNG PROFESSIONALS

A program of the
Menomonie Area
Chamber of Commerce

STEERING COMMITTEE APPLICATION

Name: _____

Company: _____

Company Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Referred By: _____

Why would you like to be involved in the YP Steering Committee? _____

I understand that in filling out and submitting this application I am applying for a Steering Committee position for the Menomonie Area Young Professionals. If I am selected to fill the position, I understand that I will be responsible for attending once-monthly meetings and helping with the coordination and execution of monthly events. I will also be responsible for coming up with ideas for my own events throughout the year.

Signature: _____ Date: _____