



JASMYN Prism Network

Please fill out this application for membership to the JASMYN Prism Network young professionals and alumni group. Annual dues of \$30 can be paid in the form of check, credit card or cash. This application is for the 2017

2017 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Position:
City:	State:	Zip Code:
Email:	Phone:	How long?

EMERGENCY CONTACT

Name of contact:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

DIETARY RESTRICTIONS

Vegetarian Vegan Gluten Free Food Allergies (*Please Describe*):

REFER A FRIEND INFO (OPTIONAL)

Name	Email	Phone

SIGNATURES

I, the above-named person, hereby apply for membership to the JASMYN Young Professionals / Alumni Group (YPA). I promise to abide by all bylaws, rules and regulations. I understand that this application and my dues in the amount of \$30.00 will provide me membership to this group from January 1, 2017 to December 31, 2017. Further, I understand I will receive periodic email communications from JASMYN staff, leadership of the YPA group, and electronic news.

Signature of applicant:	Date:
-------------------------	-------

Privacy: Your personal information will only be used for maintaining your membership to this group and providing full disclosure as a volunteer for JASMYN. Your personal information will not be sold or provided to any other organizations or companies without your consent.

For Office Use Only

Payment Method: _____ Entered into eTap: _____ Dietary Restrictions Noted: _____
 Email Newsletter Subscription Updated: _____ Registration for 2017 Strides for Pride Confirmed: _____