

The Staten Island Chamber of Commerce

YOUNG PROFESSIONALS GROUP APPLICATION

Name: _____

Business: _____

Position: _____ Age (Optional) _____

Phone: _____ E-mail _____

Mailing Address: _____

1. Please rank the importance of the following benefits of the YPG. (1 being of most interest to you). Write NA if you are not interested at all.

- a. Social activities _____
- b. Professional development _____
- c. Networking _____
- d. Leadership development _____
- e. Community involvement/service _____
- f. Mentoring _____
- g. Other _____

2. If not listed above, what type of events would you like to see offered by the Young Professionals Group? _____

3. Are you interested in having a mentor?
- a. Yes
 - b. No

4. Other Ideas/Comments: _____

5. Please include name and contact information of any friends, co-workers or clients that you think might be interested in joining YPG: _____

