

Join YPF!



Date: _____

Name: _____ DOB: _____
Last First MI (Must be at least 21 for acceptance)

Primary Address: _____
Number Street City ST Zip

Secondary Address: _____
Number Street City ST Zip

Cell Phone: _____ Work Phone: _____

E-mail: _____

Name of Employer: _____ Industry: _____

Occupation: _____

How long have you lived in the Fond du Lac area? _____

How long have you worked in the Fond du Lac area? _____

How did you hear about YPF? (choose one)

- FDL Association of Commerce
- Friend/Co-worker
- Media
- Website
- Other (please specify):

YPF offers the opportunity to get involved in various committees. Would you have any interest in participating in any of the following: (Check any/all that apply)

- Marketing Committee
- Memberships Committee
- Program and Events Committee

I hereby grant permission to YPF or any related affiliate to use the information provided on this application in any promotion or advertising. I also verify that all information as listed above is true and correct to the best of my knowledge.

Signature _____

Date _____

Annual Membership Dues: \$50



Print and mail completed application to:
Fond du Lac Association of Commerce
207 North Main Street, Fond du Lac, WI 54935

OR

Save and email to:
info@ypfdl.org

