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To shape and promote Waco's quality of life, to attract and retain a labor force of educated young adults by establishing professional relationships, developing leaders and investing in our community.

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## 2016 Membership Dues

**Please complete form and submit with payment to:**

Greater Waco Chamber of Commerce  
PO Box 1220  
Waco, TX 76703

Fax: (254) 757-5639  
Email: [WacoYP@waco-chamber.com](mailto:WacoYP@waco-chamber.com)

**Complete the following membership information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Purchasing:**

\_\_\_\_\_ Membership Dues - \$40.00

**Form of payment:**

\_\_\_\_\_ Cash (change will be reimbursed by check and mailed to address above in 5 -10 business days)

\_\_\_\_\_ Check (payable to "Greater Waco Chamber of Commerce")

\_\_\_\_\_ Credit Card (please complete account information on reverse side)

\_\_\_\_\_ Invoice (mailed to above address)

**Amount Enclosed: \$** \_\_\_\_\_

**To Be Reimbursed: \$** \_\_\_\_\_



[www.WacoYP.org](http://www.WacoYP.org) | [WacoYP@waco-chamber.com](mailto:WacoYP@waco-chamber.com)

Program Director: J.D. Windham, Jr. | 254.757.5630 | 254.744.2834 (mobile) | [JWindham@WacoChamber.com](mailto:JWindham@WacoChamber.com)

## Credit Card Payment Authorization

I authorize the Greater Waco Chamber of Commerce to charge by credit card account indicated below to pay annual dues to the Waco Young Professionals.

**Account Type:**

- America Express
- MasterCard
- Visa

**Cardholder Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX):** \_\_\_\_\_

**Amount Authorized: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_