



## Rhode Island Young Professionals Application for Membership

*Thank you for your interest in the Rhode Island Young Professionals!*

Phone: 401-351-5000 Ext.111 E-mail: membership@riyp.org

Mailing Address: P.O. Box 25707, Providence, RI 02905

I hereby apply for membership in the Rhode Island Young Professionals:

Application date\_\_\_\_\_

First Name\_\_\_\_\_ Middle\_\_\_\_\_ Last\_\_\_\_\_

Home Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Place of Employment\_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Business Phone \_\_\_\_\_ Fax\_\_\_\_\_

Preferred Address: Home\_\_\_\_\_ Business\_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

Gender (male)\_\_\_\_\_ (female)\_\_\_\_\_ Date of Birth\_\_\_\_\_ Ethnicity \_\_\_\_\_

**\*\*Please select two committees or areas that you are willing to work on this year.**

Community Service     Fund Development     Personal & Professional Development  
 Marketing & Communications     Information Technology     Event Planning

**What would you like to get from RIYP and what can you give RIYP.**

\_\_\_\_\_

**What other Professional or Community groups are you affiliated with:**

\_\_\_\_\_

**Other Talents or Hobbies:**

\_\_\_\_\_

**Annual Membership Fees** *(Please make all checks or money orders payable to: The Rhode Island Young Professionals)*

( ) Regular membership \$50.00

( ) I do not wish to become a member, but enclosed is my contribution of \_\_\_\_\_

**Your Membership Fee is Tax Deductible**

The Urban League of Rhode Island, Inc. is recognized by the IRS as a 501 (c) (3) organization: all donations are tax deductible which also applies to the Rhode Island Young Professionals.