



MEMBER APPLICATION

4102 George Washington Memorial Highway, Suite 101 | Yorktown, VA 23692
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MEMBER DUES

(based on employees)

Check One

1: \$125

2-10: \$200

11-20: \$300

21-30: \$400

over 31: \$500

Non-profit: \$100

Date: _____

Business Name: _____

Referral Source: _____

POINT OF CONTACT INFORMATION

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: _____

If you do not have a website, please give a brief description of your business and/or its services. You may also complete this section if you wish to add such a description to your online profile.

AREAS OF INTEREST

I'm interested in some information about serving on committee(s)

- Events/Fund Raising
 Government Relations/Political Action
 Marketing
 Membership
 Home-based Business Initiatives
 Finance

I'm interested in some information on hosting a Business After Hours (BAH)

BILLING ADDRESS Same as Above

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT

Check Enclosed # _____ Credit Card Circle One: MasterCard Visa

Credit Card No: _____ Exp. Date: _____ CC Security No: _____

Sign: _____ Date: _____

*Thank You for
Joining YCCC!*