



MEMBERSHIP FORM – KOMEN YPC, HOUSTON

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gender: Male Female Birthday: _____

PROFESSIONAL INFORMATION

Employer: _____

Title: _____

OTHER INFORMATION

How did you hear about YPC? _____

Are you interested in joining a committee? Yes No

If so, what is your area of interest? *(please check all that apply)*

Membership Social Networking Fundraising

Communications Education and Mission

Other Interests within Komen, Houston: _____

Why are you interested in joining YPC?

WHERE TO SUBMIT

Submit form by fax to (713) 783-9187 or by email to info@komen-houston.org

DUES

Must join the Affiliate at the Friend/YPC Membership Level (\$50 annually)

⌘ Mail Check to 5433 Westheimer Road, Suite 325, Houston, TX 77056

⌘ Pay Online at www.komen-houston.org/membership