

## **Santa Barbara Young Professionals Club**

The Santa Barbara Young Professionals Club (SBYPC) Board of Directors wish to thank you for your interest in considering membership in this special organization. There are a growing number of young professionals in Santa Barbara who together, comprise the future of our business community. The SBYPC was started to provide these local professionals and business owners the opportunity to meet and interact with one another on a regular basis. Membership and participation in the Santa Barbara Young Professionals Club are designed to enhance both social and business contacts within the community. Unlike other groups that limit participation within a given field, the SBYPC encourages membership and participation by all qualified people. Membership is by invitation by the Executive Committee. It is open to all professionals and business owners in the local community. Events are quarterly events with a speaker, monthly business casual mixers, and black tie benefit events. A membership roster will be made available to all members on a periodic basis. This roster will include each members' name, profession, address, telephone number and email address if available. New member initiation dues are \$60.00 to cover administrative and other miscellaneous expenses. An annual membership fee of \$40.00 will be required of each member to continue their membership every year thereafter. We look forward to considering your application for membership.

Best Regards, The SBYPC Board of Directors

P.O. Box 23316 Santa Barbara, California 93121 (805) 8989407

# Santa Barbara Young Professionals Club Membership Application

**Title:**

Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_

**Name:**

First: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last: \_\_\_\_\_

**Address:**

Work: \_\_\_\_ Home: \_\_\_\_ (Preferred mailing address) Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Number:**

Work: ( ) \_\_\_\_\_ Ext. \_\_\_\_ Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_  
(Optional)

**Email:**

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

**Company Information:**

Company Name: \_\_\_\_\_ Company  
Web Site Address (Optional): \_\_\_\_\_ Business or Industry: \_\_\_\_\_

**Professional Title:**

Title: \_\_\_\_\_  
(i.e. Design Engineer, Sales Associate, Vice President of Marketing, Doctor of Optometry)

**Age Bracket:**

2029 \_\_\_\_ 3039 \_\_\_\_ 4045 \_\_\_\_

**Hobbies & Interests:** \_\_\_\_\_

**Sponsor:**

Sponsor Name: \_\_\_\_\_ (All applicants must be sponsored by an existing SBYPC Board member – you may contact any Executive Committee member to obtain your sponsorship for new membership.)

I agree to have the above information included in the SBYPC Directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_ After  
completing this application, please attach a business card, a recent photo, and a check for \$60.00 payable to SBYPC. Mail your completed application to:

**SBYPC**  
**P.O Box 23316 Santa Barbara, CA 93121**

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