

FYP Farmington
Young
Professionals
SERVE. LEAD. CULTIVATE.

Farmington Chamber Of Commerce

Date: _____ Applicant Name: _____

Chamber Member Business Represented: _____

Position Held in Business: _____

Mailing Address (Please include City, State, and Zip): _____

Business Phone: () _____ Home Phone: () _____

Fax: () _____

Email Address: _____

Please List Other Community Organizations to Which You Belong:

I understand that in order to maintain membership in the Farmington Young Professionals I must be a member in good standing of the Farmington Chamber of Commerce. There is a \$35.00 membership fee. The Chamber of Commerce can send an invoice to your business or you can call the Chamber with a credit card at 505-325-0279.