



**Austin Affiliate of Susan G. Komen
for the Cure®
Application for YPC Membership**

Personal Information

Name: _____
Email: _____
Cell: _____ Home: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Gender: F ____ M ____
Date of Birth: _____
Komen Austin Username: _____

Professional Information

Current Employer: _____
Title: _____ Years employed: _____

Academic Background (if applicable)

Undergraduate Institution: _____ Degree(s): _____
Graduate Institution: _____ Degree(s): _____

Please indicate areas of interest (check all that apply):

Special Events (Race, etc) ____
Community Education/Outreach ____
Fundraising/Development ____
Recruitment/Membership ____
Grants ____
Public Policy ____
Finance/Legal ____
YPC Event Planning ____

Why are you interested in becoming a member of the Young Professionals Council?

Do you have an interest in taking a YPC leadership role if available? Y ____ N ____

In what other professional or social organizations are you a member?

How did you hear about the Young Professionals Council?

Komen Austin website ____

Komen Austin email ____

Personal Referral ____ Name: _____

Komen Austin event ____ Event name: _____

Other: _____

Requirements:

Membership form for first time applicants must be sent along with the annual donation.

Donations are \$50/individual or \$75/couple, annually.

Mail to:

Komen Austin
PO Box 2164
Austin, TX 78768

