



Hays Young Professionals Advisory Council Application

Name _____

Business / Organization affiliation: _____

Preferred mailing address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Briefly state the reason you wish to become a member of the HYP Advisory Council and what you hope to contribute.

Approximately how long (years, months, etc.) have you been a member of HYP, and how are you currently involved (meetings, events, committees, etc.)?

List your current involvement in the community outside of HYP (including civic, religious, government, social, athletic, etc., and positions held).

Please provide additional information to support your candidacy (i.e., personal attributes, business experience, other).

What do you believe is the role of an HYP Advisory Council member? Would you be willing to serve in a leadership position if selected to serve on the Advisory Council?

HYP Advisory Council members must have the support and commitment of their business or organization.

Employer's Signature: _____ Date: _____

If selected as an HYP Advisory Council member, I understand attendance at all HYP functions is strongly encouraged.

Employee's Signature: _____ Date: _____

Please return this application to:

The Chamber, 2700 Vine Street Hays, KS 67601 (785) 628-8201 hayscc@hayschamber.com hayschamber.com