



(MVYP) Application 2024-2025  
 Twin Falls Area Chamber of Commerce  
 Return completed application to:  
 2015 Neilsen Point Place, Twin Falls, ID 83301  
 valli@twinfallschamber.com

Applicant's Name: \_\_\_\_\_

Business Membership Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

How did you hear about the MVYP program: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What are you looking to get out of your membership with the MVYP: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Are you interested in serving on the MVYP executive committee in the future? \_\_\_\_\_

Date Joined: \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

Non-Chamber Member: \$300/Year  
 Chamber Member: \$100/Year  
**2024-2025 Membership Cost Waived**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Membership Applicant Signature**

\_\_\_\_\_  
**Chamber Staff Signature**