



(MVYP) Application 2025-2026
Twin Falls Area Chamber of Commerce
 Return completed application to:
 mvyoungprofessionals208@gmail.com or drop
 them off at the Twin Falls Visitors Center &
 Chamber Office

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