

Young Professionals Council Membership Application Form



Name		Date
varrie		Date
Current Employer		Years at Employe
OR		• •
College		Graduation Year
		Cradation Foat
Address	_	
City	State	Zip
Cell Phone	Email	
Birthday (day/month/year)	Referred by	
Mile at lead years to recover a consequent	n in the florel industrus	
what led you to pursue a caree	r in the floral industry? _	
What awards or accolades have	you received? If you are :	a member of other industryrelated groups, name them.
What awards or accollaces have	you received: If you are a	a member of other madatry related groups, name them.
Are there any personal details	vou'd like to share? (i.e	married, children, past employers, hobbies, etc.)
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What types of volunteering for	-	
•	J	Scholarship Review
Please also submit a recent color	r photo of yourself.	Questions? Contact AFE at afe@endowment.org