



Young Professionals Council Membership Application Form



Name _____ Date _____

Current Employer _____ Years at Employer _____

OR

College _____ Graduation Year _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Birthday (day/month/year) _____ Referred by _____

What led you to pursue a career in the floral industry? _____

What awards or accolades have you received? If you are a member of other industry--related groups, name them.

Are there any personal details you'd like to share? (i.e., married, children, past employers, hobbies, etc.)

What types of volunteering for AFE would you be interested in? Check all that apply.

- Writing Webinar Moderating Scholarship Review