

# LOGAN COUNTY PROFESSIONALS NETWORK

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Place of Employment

Company: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

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

Are you interested in hosting an event? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you interested in sponsoring an event? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Member Signature \_\_\_\_\_ Date

Membership is a yearly cost of \$100 per member. Dues can be paid by,  
PayPal: @LoCoPro217  
Venmo: LoCoProNetwork  
Or by check sent to Logan County Professionals Network, PO Box 111, Lincoln IL, 62656