



Milwaukee Urban League  
 Young Professionals  
 P.O. BOX 246  
 Milwaukee, WI 53201  
 Milwaukee Urban League  
 435 West North Avenue  
 Milwaukee, Wisconsin 53210  
 Telephone: (414) 374-5850 Fax: (414) 374-1995  
 www.tmulyp.org

**APPLICATION FOR MEMBERSHIP**

CHECK ONE:  New member  Renewal

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (use preferred email to receive MULYP information)

EMPLOYER: \_\_\_\_\_  
 (also indicate industry)

POSITION TITLE: \_\_\_\_\_

**Membership in the Chapter is a privilege and is contingent on membership in the Milwaukee Urban League.**

**Membership dues: \$50.00**

Make Check Payable to : Milwaukee Urban League Young Professionals and mail with application to :  
**Milwaukee Urban League Young Professionals**  
**P.O. Box 246**  
**Milwaukee, WI 53201**

**Please complete the following information. Providing this information is optional.  
 The information will only be used in aggregate for programming purposes.**

<p><b>GENDER</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><b>AGE</b></p> <p><input type="checkbox"/> 21-25</p> <p><input type="checkbox"/> 26-30</p> <p><input type="checkbox"/> 31-35</p> <p><input type="checkbox"/> 36-40</p> <p><input type="checkbox"/> Over 40</p>	<p><b>RACE/ETHNICITY</b></p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Asian-American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other</p> <p><b>INDIVIDUAL ANNUAL INCOME</b></p> <p><input type="checkbox"/> \$24,999 or less</p> <p><input type="checkbox"/> \$25,000 - \$49,999</p> <p><input type="checkbox"/> \$50,000 - \$74,999</p> <p><input type="checkbox"/> \$75,000 - \$99,999</p> <p><input type="checkbox"/> Over \$100,000</p>	<p><b>EDUCATION COMPLETED</b></p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> Some College</p> <p><input type="checkbox"/> Associates Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate Degree</p> <p><input type="checkbox"/> Other professional degree (M.D., J.D. etc)</p> <p><b>MARITAL STATUS</b></p> <p><input type="checkbox"/> Single, never married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p><b>LENGTH OF FULL-TIME EMPLOYMENT</b></p> <p><input type="checkbox"/> 0-5 Years</p> <p><input type="checkbox"/> 6-10 Years</p> <p><input type="checkbox"/> 11-15 Years</p> <p><input type="checkbox"/> Over 15 Years</p> <p><input type="checkbox"/> Currently a full-time student</p> <p><b>RESIDENTIAL STATUS</b></p> <p><input type="checkbox"/> Own a home/condo</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Live with parents or other relatives</p>
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For chapter use only:

Date Rec'd \_\_\_\_\_

Check No. or Cash \_\_\_\_\_

Amount \_\_\_\_\_

Membership Number \_\_\_\_\_