

University of Central Missouri Student Membership 2018-2019



UNIVERSITY OF
**CENTRAL
MISSOURI**
LEARNING TO A GREATER DEGREE

The Greater Warrensburg Area Chamber of Commerce
create opportunities that drive commerce and promote business.

Name: _____ Date: _____

Major: _____ Year: _____

Academic Department: _____ Department Phone: _____

Referred by: _____

Mailing Address: _____

Cell Phone (not public): _____ E-mail: _____

The UCM Student Membership program is a partnership between the Warrensburg Chamber of Commerce and the Mentoring, Advocacy and Peer Support office at the University of Central Missouri.

The program is designed to create opportunities for a select number of UCM students who wish to build their skills in the areas of communication, networking, and leadership, while being mentored by members of the Chamber's Warrensburg Young Professional Group.

Please describe any **on-campus activities** you're involved with:

Please describe any **community activities** you're *currently* involved with in Warrensburg/Johnson County, MO:

Please describe any **community activities you're interested in being involved with** in Warrensburg/Johnson County, MO:

Please describe **what you would like to get** from your participation with the Warrensburg Chamber of Commerce:

The requirements for participation in the program are as follows:

- Demonstrates interest in community involvement and the development of professional skills.
- Desire to learn about and give back to the Warrensburg Community.
- A recommendation from a UCM faculty or staff member or a local business person.
- Attendance at a Student Membership Orientation.
- Volunteer for at least one Warrensburg Chamber of Commerce event.

To be considered for the UCM Student Membership program please complete this application and return it to the Warrensburg Chamber of Commerce. Applications will be reviewed by the selection committee, and applicants will be notified of the results within one month of the application being received.

Please return this completed application to :

Email: amankin@warrensburg.org

Fax: 660-429-5490

Mail: Warrensburg Chamber of Commerce, 100 S. Holden St., Warrensburg, MO 64093

Thank you for your partnership with the Warrensburg Chamber of Commerce!

For office use only: Rev. b/s ____/____/____

Welcome e-mail ____/____/____

In database, website updated ____/____/____

Packet: welcome card, cling, OD, M2M, CLEG, AM/ST cards, What's Next ____/____/____

Packet w/ front page to LL ____/____/____

Front & back for QB ____/____/____

FB welcome ____/____/____

Flash welcome ____/____/____

Junior Ambassador _____

Meet and Greet date ____/____/____

1 month

3 months

6 months