



CPC Young Professionals Membership Application

CPC Young Professionals Mission:

CPC Young Professionals, our mission is to empower and connect the next generation of leaders through dynamic networking opportunities, professional development, and community engagement.

Are you CPCYP?

Members of CPCYP are dynamic professionals in their 20s, 30s, and 40s who are committed to making a positive impact. They engage in meaningful volunteer activities, participate in social events, and expand their networks while developing leadership skills through enjoyable and interactive opportunities.

Members actively advocate for the CPC's mission, support fundraising efforts to sustain its programs, and contribute their time and talents to various events.

Ready to join?

Name: _____

Company: _____

Address: _____

Phone Number: _____ Email Address: _____

I'm interested in a leadership position

I'm interested in joining a committee (check all that apply)

Social/Networking Events Volunteers Fundraising Marketing Membership

Membership applications can be mailed to:
Child Protection Center
Attn.: Danielle Ford
2940 Main Street
Kansas City, MO 64108
or turned in at any CPCYP event

Child Protection Center Young Professionals (CPCYP) Membership Application

Personal Information:

Name: _____

Preferred Pronouns: _____

Company: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____

Professional Information:

Current Employer/ Organization: _____

Job Title: _____

Brief Description of Your Role: _____

Interest and Commitment:

Why are you interested in joining CPCYP?

- _____
- _____
- _____

What skills, experience, or perspectives do you bring to CPCYP?

- _____

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➤ _____
➤ _____

- I'm interested in a leadership position
 I'm interested in joining a committee (check all that apply)
___ Social/Networking Events ___ Volunteers ___ Fundraising ___ Marketing ___ Membership

How did you hear about CPCYP?

➤ _____

References:

Please provide the names and contact information of two professional references:

Reference 1:

- Name: _____
➤ Email: _____
➤ Phone: _____
➤ Relationship: _____

Reference 2:

- Name: _____
➤ Email: _____
➤ Phone: _____
➤ Relationship: _____

Commitment:

I agree to support CPCYP's mission and participate actively in its activities.

- Yes
 No

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Signature:

Date: _____

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