



2019 Young Professional of the Year

Qualifications

Nominee must have demonstrated one or more of the following characteristics:

- Must be an employee of an active business located or operating in Orange County.
- Nominee's company must be a member in good standing with the Greater Irvine Chamber.

Nominee must have demonstrated one or more of the following characteristics:

- Emerging leadership skills and initiative
- Contributes to the Orange County community in the avenues of both business and philanthropy
- Operates with integrity

Nominee's Contact Information

Company Name	
Address	
Name & Title	
Phone	
Email Address	

Background

Employment Information

Please provide a brief description of your position, company mission statement, and the products or services you offer.

Community Involvement

List any organizations, youth programs, education, in-kind donations, volunteerism, etc

Personal Success

What has been your proudest moment as an Emerging Business Leader?

Chamber Involvement & Support

Are you a member of any Chambers of Commerce, Boards of Directors, etc. ?

Insight

Do you currently work with a mentor? If so, who and in what industry?

What/how do you personally define an "Emerging Business Leader?"

Nominated By

Name (printed)	
Signature	
Date	

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Please submit completed applications to:

Greater Irvine Chamber of Commerce
Attn: Kaitlynn Irvine
36 Executive Park, Suite 100
Irvine, CA 92614



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Greater Irvine Chamber of Commerce** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Greater Irvine Chamber of Commerce** to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.