



SLEEPY EYE YOUNG PROFESSIONALS MEMBER PROFILE

Each month we would like to feature a different Sleepy Eye Young Professional member. Please complete the profile below. Thanks!

Full Name: _____

Employer: _____ Job Title: _____

Anniversary date of employment with current employer/business: _____

Place of Birth: _____

Family Information (spouse, children): _____

Previous Work Experience: _____

What do you like most about your job? _____

Hobbies/Interests: _____

Other Community/Civic Involvement: _____

Why did you become a Sleepy Eye Young Professionals member? _____

What do you like best about Sleepy Eye and our area? _____