



MENTOR APPLICATION

Thanks to professionals like you, we can continue to create opportunities and keep our talent local, inspire students and young professionals and enhance careers of future movers and shakers in Philadelphia.

CONTACT INFORMATION:

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Geographic Area: _____

Application Date: _____

EMPLOYMENT:

Company Name: _____

Title: _____

Years at company: _____

Company City & State: _____

Have you been in this program before?

No

Yes

If yes, complete the following:

Years Involved: _____

As a Mentee or Mentor? _____

Are you still connected to your Mentee/Mentor?

No

Yes

If yes, list name: _____

PHILLY AD CLUB MEMBERSHIP(S):

Associate

Corporate

Individual

Young Professional

AREA OF INTEREST/EXPERTISE: Rank your top 3 by indicating a 1,2, or 3

___ Advertising Sales

___ Graphic Design

___ Product/Sales Marketing

___ Copy Writing

___ Market/Media Research

___ Public Relations/Publicity

___ Digital Marketing/
SEO/SEM

___ Media Planning & Buying

___ Video/Film

Email completed form to office@phillyadclub.com