



## YP MEMBERSHIP APPLICATION

### MEMBER INFORMATION

First Name:

Last Name:

Job Title:

Company Name:

Date of Birth:

Business Email:

Business Phone:

Personal Email:

Cell Phone:

Instagram Handle:

Company Address:

City, State, Zip:

Personal Address:

City, State, Zip:

High School:

College:

What are your YP Program Interests?

Referred to YP by:

### PAYMENT INFORMATION

Membership Dues:  Employed by Chamber Member (\$100)

Government Employee (\$100)

Employed by Non-Chamber Member (\$150)

Neighbor Island Resident (\$50)

College Student/Recent Graduate (\$50)

Payment Method:  Check

Credit Card

Sign up for Auto-Renewal?

\*Enclosed is my check made payable to Chamber of Commerce Hawaii in the amount of \$

\*Please charge my credit card in the amount of \$

Name of  
Cardholder:

Expiration Date:

Credit Card  
Number:

Security Code:

Billing Address:

Return form to:

Mail: 733 Bishop Street, Makai Tower, Suite 1200 Honolulu, HI 96813

Email: [rsirmans@cochawaii.org](mailto:rsirmans@cochawaii.org)

Phone: (808) 380-2432

Signature

SCAN FOR  
ONLINE  
APPLICATION



THANK YOU FOR YOUR APPLICATION  
FOLLOW OUR INSTAGRAM: @COCHAWAIIYP