

YP Membership Application

Member Information

First Name*:		Last Name*:	
Title:		Company Name:	
Business Phone:		Business Email:	
Business Category:		Social Media Handle:	
Personal Phone*:		Personal Email*:	
Birth Date:		Referred to YP by:	
Company Address:		City, State, Zip:	
Personal Address:		City, State, Zip:	
High School:		College:	
What are your YP Program interests?			

Payment Information

Membership Dues:	Employed by Chamber Member <input type="checkbox"/> \$75	Government Employee <input type="checkbox"/> \$75
	Employed by Non-Chamber Member <input type="checkbox"/> \$150	
Membership:	<input type="checkbox"/> Paid by YP	<input type="checkbox"/> Paid by Company
Payment Method:	<input type="checkbox"/> Check	Enclosed is my check made payable to Chamber of Commerce Hawaii in the amount of \$
	<input type="checkbox"/> Credit Card:	Please charge my credit card in the amount of \$
Auto-Renewal:	<input type="checkbox"/> Click here to save time and sign up for membership auto-renewal! Avoid disruption to your membership and avoid annoying renewal emails. Your payment information provided on this application will be used for your next membership renewal payment. Please contact the Chamber office to cancel at any time.	
	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Name of Cardholder:		Expiration Date:
Credit Card Number:		Security Code:
Billing Address:		
City:	State:	Zip:
Signature:		
Return form to:	LiAnne Tasato, Program Coordinator Young Professionals Program Email: ltasato@cochawaii.org Phone: (808) 380-2611	Chamber of Commerce Hawaii 733 Bishop Street, Makai Tower, Suite 1200 Honolulu, HI 96813

*Mandatory

INTERNAL USE ONLY - LOGGED INTO YP MEMBERSHIP MASTER FILE _____ PAID _____
MEMBERSHIP EXPIRATION DATE _____ SALES REP _____