



Young Professionals

CHAMBER OF COMMERCE HAWAII



Chamber of Commerce
HAWAII

YP MEMBERSHIP APPLICATION

MEMBER INFORMATION

First Name: Last Name:

Title: Company Name:

Date of Birth: Business Email:

Business Phone: Personal Email:

Cell Phone: Social Media 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 (\$75) Government Employee (\$75)

Employed by Non-Chamber Member (\$150)

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: ypsupport@cochawaii.org
Phone: (808) 380-2619

Signature _____

THANK YOU FOR YOUR APPLICATION