



# 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)  '21 or '22 College 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: [ypsupport@cochawaii.org](mailto:ypsupport@cochawaii.org)

Phone: (808) 380-2619

SCAN FOR YP APPLICATION



Signature \_\_\_\_\_

THANK YOU FOR YOUR APPLICATION  
FOLLOW OUR INSTAGRAM: @COCHAWAIIYP