



YP MEMBERSHIP APPLICATION

MEMBER INFORMATION

First Name: Last Name:

Job 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 (\$100) ☐ Government Employee (\$100) ☐

☐ Employed by Non-Chamber Member (\$150) ☐ Current Student or Recent 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

Phone: (808) 380-2619

Signature _____

SCAN FOR YP
APPLICATION



THANK YOU FOR YOUR APPLICATION
FOLLOW OUR INSTAGRAM: @COCHAWAIIYP