



Young Professionals

CHAMBER OF COMMERCE HAWAII



Chamber of Commerce
HAWAII

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)

College Student/Recent Graduate;
 Neighbor Island Resident (\$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) 380-2368

Signature _____

SCAN FOR
ONLINE
APPLICATION



THANK YOU FOR YOUR APPLICATION
FOLLOW OUR INSTAGRAM: @COCHAWAIIYP