

MEMBERSHIP APPLICATION	
BUSINESS INFORMATION	
Company Name	Phone
Website	Fax
Email	Alternate phone
Physical address	State
City	Zip
Mailing address if different than above	State
City	Zip
PRIMARY CONTACT (Owner, President, CEO)	
Name	Title
Address if different from above	State
City	Zip
Email	Phone
PAYABLE CONTACT	
Name	Title
Address if different from above	State
City	Zip
Email	Phone
ADDITIONAL CONTACT	
Name	Title
Address if different from above	State
City	Zip
Email	Phone

## MEMBERSHIP APPLICATION

### BUSINESS PROFILE (Check all that apply)

<input type="checkbox"/> Accounting <input type="checkbox"/> Advertising Marketing & Public Relations <input type="checkbox"/> Agriculture <input type="checkbox"/> Architect & Planning <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Automobiles & Service <input type="checkbox"/> Bank & Financial Service <input type="checkbox"/> Beauty & Skin Care <input type="checkbox"/> Community & Civic Organization <input type="checkbox"/> Computer & Internet Service <input type="checkbox"/> Construction & Equipment <input type="checkbox"/> Consultant & Individual <input type="checkbox"/> Contractor <input type="checkbox"/> Destination Management <input type="checkbox"/> Employment Agency <input type="checkbox"/> Engineering <input type="checkbox"/> Entertainment	<input type="checkbox"/> Education <input type="checkbox"/> Environmental/Green <input type="checkbox"/> Event Planning <input type="checkbox"/> Fishing <input type="checkbox"/> Funeral & Cemetery Service <input type="checkbox"/> Government Services <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Hotel & Lodging <input type="checkbox"/> Industrial Supply & Service <input type="checkbox"/> Insurance <input type="checkbox"/> Journalism <input type="checkbox"/> Landscape & Gardening <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal Services <input type="checkbox"/> Manufacturing & Wholesale <input type="checkbox"/> Marine & Aviation <input type="checkbox"/> Research	<input type="checkbox"/> Moving & Storage <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Parking & Valet <input type="checkbox"/> Pets & Veterinary <input type="checkbox"/> Photography <input type="checkbox"/> Printing & Publishing <input type="checkbox"/> Public Utilities <input type="checkbox"/> Real Estate & Services <input type="checkbox"/> Religious Organization <input type="checkbox"/> Restaurant & Food, Beverage <input type="checkbox"/> Shopping & Specialty Retail <input type="checkbox"/> Sports & Recreation <input type="checkbox"/> Telecommunications <input type="checkbox"/> Tobacco <input type="checkbox"/> Tourism <input type="checkbox"/> Transportation & Travel Service <input type="checkbox"/> Video & Film <input type="checkbox"/> Wedding & Services
<input type="checkbox"/> Other (describe)		

MEMBERSHIP APPLICATION			
OPERATION & PERSONNEL			
Days & Hours Of Operation		Personnel Count	
Sunday		Employed full time	
Monday		Employed part time	
Tuesday		Volunteer	
Wednesday		Intern	
Thursday		Sight impaired	
Friday		Hearing impaired	
Saturday		Mobility impaired	
Holidays		Cognition impaired	
Other dates			
Provide a brief description for your business profile.			
INVESTMENT			
Annual membership dues are based on the number of employees as follows: (Please check one)			
<input type="radio"/>	1 – 5	\$135	
<input type="radio"/>	6 – 10	\$195	
<input type="radio"/>	11 – 25	\$245	
<input type="radio"/>	26 – 50	\$295	
<input type="radio"/>	51+	\$6 per employee, max \$2,400	
PAYMENT			
<input type="radio"/>	Cash	Amount: _____	
<input type="radio"/>	Check	Make check payable to: Chamber of Commerce for Persons with Disabilities Hawaii 4348 Waialae Ave. Ste. 564. Honolulu, HI. 96816	
<input type="radio"/>	Credit Card	If paying by card, we will contact you for details by: (choose one) <input type="radio"/> Email: _____ <input type="radio"/> Phone: _____ <input type="radio"/> In Person (date, time, & location): _____	
END			