



HONOLULU JAPANESE CHAMBER OF COMMERCE

Members Supporting Members Since 1900
2454 S. Beretania Street, Suite 201, Honolulu, HI 96826
Phone (808) 949-5531 • Fax (808) 949-3020 • www.hjcc.org

MEMBERSHIP APPLICATION

You may also apply online at: <http://hjcc.org/membership>

CATEGORIES OF MEMBERSHIP

ACTIVE: First member from a private company; sole proprietors, independent agents and contractors who are self-employed, and affiliated with a company: **\$375.00 Per Year**

MULTIPLE: Any additional employee from the same company as an active member: **\$275.00 Per Year** / second member, **\$175.00 Per Year** / third member and thereafter.

ASSOCIATE: Individuals who are: (1) employed by the government or non-profit organization, or a full-time member of the clergy; (2) retired from full-time employment: **\$175.00 Per Year**

CONTACT INFORMATION

PLEASE TYPE OR PRINT LEGIBLY

Note: This Information will be used in the Membership Directory.

Mr. Mrs. Ms. Dr. First Name: _____ MI: _____ Last Name: _____

Company: _____

Title/ Position: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Direct Business Phone: _____ Main Business Phone: _____ Fax: _____

Email: _____ Company Website: _____

Type of Business: _____ Number of Employees: _____

Products and/or Services Provided: _____

Please see reverse for Membership Payment.

*All membership applications are reviewed for approval by our Board of Directors.
Upon acceptance, a written confirmation will be forwarded to each new member.*

ADDITIONAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY

**Note: This Information will be used for internal purposes only.*

Referred By: _____

Reason(s) for Applying: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Spouse's Name: _____

Do you speak Japanese? Yes No

METHOD OF PAYMENT

Membership Category (Please Check One)

Active 1st Member (**\$375.00**)

Multiple 2nd Member (**\$275.00**)

3rd Member or Thereafter (**\$175.00**)

Associate (**\$175.00**)

Amount: \$ _____

Check Enclosed

Visa

MasterCard

Please make check payable to: *Honolulu Japanese Chamber of Commerce*

Credit Card#: _____

Exp. Date: _____ **CVV Code** (3-digit code on back of credit card): _____

Name on Card: _____ **Billing Zip Code:** _____

Signature: _____ **Date:** _____

PLEASE SEND COMPLETED APPLICATION & PAYMENT TO:

Honolulu Japanese Chamber of Commerce

2454 S. Beretania Street, Suite 201

Honolulu, HI 96826

Fax: (808) 949-3020

Email: membership@hjcc.org

Thank You!