HONOLULU JAPANESE CHAMBER OF COMMERCE

Creating Opportunities 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 can 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**: $405 Per Year**

MULTIPLE: Any additional employee from the same company as an active member: **$310 Per Year** / second 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: **$220 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:** _____ **Last Name:** _____

Title/ Position: _____

Company: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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

Email: _____ **Company Website:** _____

Type of Business: Select One (type if not listed)

Products and/or Services Provided: _____

Number of Employees: ☐ 1-50 ☐ 51-250 ☐ 251-499 ☐ 500+

Is Your Company Based in Japan: ☐ Yes ☐ No

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.

Updated: 1/31/22

ADDITIONAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY

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

Home Address:_____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth (Required for Dual Members): _____**Do you speak Japanese?** ☐ Yes ☐ No

Reason(s) for applying (check all that apply): ☐ Career Development/Advancement ☐ Community Involvement ☐ Mentorship/Leadership Training ☐ Networking ☐ Supporting Local Japanese Community and/or Japan-Hawaii Relations ☐ Volunteering at HJCC Events ☐ Working in HJCC Fundraising Planning Committees ☐ Other:

REFERRED BY HJCC MEMBER:_____

METHOD OF PAYMENT

Membership Category (Please Check One)

☐ Active 1st Member **($405)** ☐ Multiple 2nd Member and thereafter **($310)**

☐ Associate **($220)**

Amount: **$**_____ **Is Your Membership Being Paid by your Company:** ☐ Yes ☐ No

☐ 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!

Purchases from and contributions or gifts to the Honolulu Japanese Chamber of Commerce (HJCC) are not deductible as charitable contributions.