



Hawai'i Island Portuguese Chamber of Commerce

Membership Application

Date: _____

Applicant's Name: _____

Mailing Address: _____

Email Address: _____

Phone (Home/Cell): _____

Business Name: _____

Type of Business: _____

Title: _____

Business Address: _____

Business Phone: _____

Hobbies/Interests: _____

Dues: \$50 Regular \$_____

\$35 Emeritus (65+) \$_____

\$100 With Website Advertisement \$_____

Donation to HIPCC Cultural & Educational Center \$_____

Total \$_____

Please make checks payable to HIPCC

Send paper correspondence to (check one): Mailing Address _____ Business Address _____

I agree to opt into HIPCC email correspondence: initial_____

Applicant Signature: _____

Sponsor Name: _____

Sponsor Signature: _____