



APPLICATION FOR MEMBERSHIP

6600 Kalaniana'ole Hwy. Suite 212 — Honolulu, Hawaii 96825
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PLEASE PRINT

PRIMARY BUSINESS NAME	#W- HAWAII GENERAL EXCISE TAX NUMBER*
BUSINESS ADDRESS (STREET ADDRESS)	PRIMARY TELEPHONE NUMBER
CITY	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	FAX NUMBER
CITY	ZIP CODE
1. _____ 2. _____ CONTACT PERSON(S) TO RECEIVE NEWSLETTER, CORRESPONDENCE / TITLE(S)	
TYPE OF BUSINESS (PRINCIPAL PRODUCT/SERVICES)	YEAR BUSINESS OPENED
NO. OF EMPLOYEES	
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT WISH TO BE LISTED IN THE SB NEWS and ON-LINE SBH REFERRAL DIRECTORY (No Charge)	
PRIMARY CATEGORY OF MY BUSINESS FOR REFERRAL PURPOSES (ONE ONLY- Same as Yellow Pages if applicable)	
<input type="checkbox"/> PLEASE CONTACT ME	
SBH ACTIVITIES I'M INTERESTED IN (Legislative Action, Speaker's Bureau, Business Networking Forums, Social Events, etc.)	
OTHER COMMENTS / SUGGESTIONS / ASSISTANCE NEEDED: _____	
Optional: E-Mail: _____ Home Page URL http:// _____	

Attached is my payment for \$_____ (regular annual membership dues are \$200; \$350 for 2 years). I understand dues are currently TAX DEDUCTIBLE [IRS 501(c) (6)] as business expenses. Annual billing will be in the month I joined. SBH is a private, non-profit business association. Membership includes a \$20 annual subscription to the monthly *SMALL BUSINESS NEWS*.

I hereby apply for membership in Small Business Hawaii and understand that SBH does NOT sign up anyone for benefits only; that by applying for membership I agree to ACTIVELY support the goals and principles of SBH (that I have read and understand) and ACTIVELY participate in SBH sponsored-business functions. I certify that all information on this application is accurate and true, to the best of my knowledge.

SIGNED BY _____ TITLE _____ DATE _____

Charge my (please check one) AMERICAN EXPRESS DISCOVER MASTER CARD VISA

My Account Number: _____ Exp. Date _____

Authorized signature for Credit Card: _____ Authorized No. _____

Membership received by _____ For SMALL BUSINESS HAWAII (SP _____)

Membership Expiration (Mo. / Yr.): _____ L _____ OFFICE _____ MAC _____ RD _____ NL _____

* State of Hawaii General Excise Tax Number (not Federal EIN #) Required for business membership acceptance.