



Kaneohe Business Group Member Application

Kaneohe Business Group
P.O. Box 927
Kaneohe, Hawaii 96744
www.kaneohebusinessgroup.com

I am a **New member** **Renewing member** (may fill in blanks with "same as last year")

NAME _____ TITLE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ CELL (optional) _____ FAX: _____

I WAS REFERRED BY _____ My birthday is (month, day only) _____

I hereby consent to receive notices for general membership and board meetings, newsletters, and other notices and information that may be sent to our membership at:

EMAIL _____ BUSINESS WEBSITE _____

BUSINESS DESCRIPTION

Your description will be included in the annual membership directory and website. (Subject to editing.)

I am willing to offer a discount of _____% to fellow KBG members, OR (other offer) _____

MEMBERSHIP DUES (for annual dues period of July 1 to June 30) **\$125.00**

Total Amount Enclosed \$ _____

Make checks payable to: Kaneohe Business Group

Mail to: Kaneohe Business Group, P.O. Box 927, Kaneohe, HI 96744

Online payment: Paypal/Credit Card via Paypal

NOTE: Each new or renewing member must complete, sign and mail this application to the address indicated above every year. Renewing members may indicate on the form that information is "same as last year."

Get involved! Please check committees you wish to be active in:

- | | |
|--|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> Legislative Affairs | <input type="checkbox"/> Website |
| <input type="checkbox"/> Member Benefits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Membership | |
| <input type="checkbox"/> Media Affairs | |