

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

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 menthat may be sent to our membership at:	mbership and board meetings, ne	wsletters, and other notices and information
EMAIL	BUSINESS WEBSI	TE
I am willing to offer a discount of		
I am willing to offer a discount of  MEMBERSHIP DUES (for annual dues peri-		DR (other offer)\$175.00
-	od of July 1 to June 30) ness Group ox 927, Kaneohe, HI 96744 Paypal lete, sign and mail this application	\$175.00 Total Amount Enclosed \$