



FILIPINO CHAMBER OF COMMERCE OF HAWAII

Promoting Hawaii's Business Community since 1954

PO Box 1572, Honolulu, HI 96806-1572

Telephone: (808) 358-7111

Email: filipinochamber@gmail.com

Website: www.filipinochamber.org

New Member
Renewal
Update

MEMBERSHIP APPLICATION FORM (Please PRINT Clearly)

Name: _____ Title/Position: _____
Last Name, First Name M.I.

Company: _____ Nature of Business: _____
Business Include dba Trade Name

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Same as Address Above Yes No Street City State Zip Code

Work Number: _____ Mobile: _____ Birthday: _____
MM/DD

Email: _____ Referred by: _____
Number of

Photo: *(Email headshot photo for publication in membership directory)* Employees (if any): _____

Offer a discount/benefit to Members: _____

APPLICANT CERTIFICATION

I, whose contact information is listed above and signature appears below, hereby certify that I am engaged in business, agriculture, industry or profession and actively interested in the promotion of the general welfare and advancement of Filipinos in the State of Hawaii and that I am an authorized representative of an equal opportunity employer doing business in the State of Hawaii. I am hereby applying for membership with FCCH with the understanding that I will pay my annual membership fee. My acceptance will be subject to the review and approval of FCCH Board of Directors. Upon acceptance, I do agree to follow FCCH and its Foundation Article of Incorporation, Bylaws, and Rules in effect and which may be adopted.

If accepted, I am interested in the following activities: (select all applicable)

Golf Tournament	Finance & Fundraising	Newsletter	Fellows Program
Taste of Philippines	Marketing & Public Relations	Social Media & Website	Other: _____
Membership & Recruitment	Government Affairs	Filipino Entrepreneur of the Year	
Trade Mission to Philippines	Scholarship & Awards	Kinabukasan Financial Literacy	

Annual Membership dues: \$125.00 (1-Year)

Other Rate: _____ 1-Year 2-Year

Signature _____ Date _____

METHOD OF PAYMENT

CHECK, please make check payable to: **FILIPINO CHAMBER OF COMMERCE OF HAWAII**

Mail Payment & Application to: **PO Box 1572, Honolulu, HI 96806-1572.**

CREDIT CARD, please complete the information below: VISA MasterCard Discover American Express

Credit Card Number: _____ Expire Date: _____ CVV Code: _____

PRINT Name (as it appears on card): _____ Billing Zip Code: _____

Signature: _____

FOR FILIPINO CHAMBER OF COMMERCE OF HAWAII USE ONLY

Sponsored by: _____ Payment Received by: _____
PRINT Name Signature of FCCH Member In-Good-Standing FCCH Member Name & Initials

CHECK Payment: _____ CARD Payment: _____
Financial Institution Number Dated Dated

Amount Paid: _____ Term: _____ APPROVED & ACCEPTED BY FCCH BOARD on: _____
Membership Effective Date