**KALIHI BUSINESS ASSOCIATION**

**MEMBERSHIP RENEWAL APPLICATION**

Please renew your membership dues for the Kalihi Business Association. The annual dues are $50.00. Please encourage fellow coworkers or other business people you know to join the Kalihi Business Association.

**IF YOU HAVE ALREADY RENEWED YOUR MEMBERSHIP, PLEASE DISREGARD THIS NOTICE OR GIVE IT TO A FRIEND OR BUSINESS ASSOCIATE).**

(PLEASE TYPE OR PRINT BELOW)

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of business (as classified in the yellow pages)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Dues $ 50.00**

Advertising in the Directory

(Check all that apply below)

[] Full page $100.00

[] Business Card $ 50.00

[] I would also like to donate $\_\_\_\_\_\_\_\_\_\_\_\_\_

to the Kalihi Business Association.

Total Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail checks payable to: Kalihi Business Association**

 **P.O. Box 17729, Honolulu, HI 96817**

Member’s

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_