



Business and Professional Women/Hi

# Hawaii State Business and Professional Women Annual Membership Application

## CONTACT INFORMATION

Name \_\_\_\_\_

Preferred Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Organization (LO): Check one:

\_\_\_\_\_ O'ahu \_\_\_\_\_ Maui \_\_\_\_\_ Kona

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

Company/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Job Title \_\_\_\_\_

Birthday \_\_\_\_\_

Interests \_\_\_\_\_

Professional Life \_\_\_\_\_

Company \_\_\_\_\_

Family \_\_\_\_\_

Annual Membership Dues: \$15.00 per year

Date: \_\_\_\_\_

CHECK ONE:

New Application

Renewal

Make Check Payable to: Hawaii Business and Professional Women

Mail Application to: BPW  
Attn: Isla Young  
127 Oluea Circle  
Kihei HI 96753