



KAILUA CHAMBER OF COMMERCE

PO Box 1496 Kailua, Hi 96734
600 Kailua Road #107 Kailua, Hi 96734

MEMBERSHIP APPLICATION

NEW ___ RENEW ___

Business Name: _____

Business Address: _____

Mailing/Billing Address: _____

Ph# _____ Fax Ph# _____ Cell Ph# _____

Email: _____ Website: _____

Referred to KCOC by: _____

Name/Title of Company Executive: _____

Name/Title of Primary Contact: _____

Business Description: _____

GENERAL MEMBERSHIP

- _____ \$200 Includes FREE Tri-Fold Ad Rack Space at Kailua Information Center
- _____ \$35 Upgrade by adding additional Tri-Fold Ad Rack
- _____ \$50 Upgrade by adding additional 8 1/2" x 11" Ad Rack

CORPORATE SPONSORSHIP

- _____ Bronze Sponsorship \$1,500 1 Guest for General Membership Luncheon
- _____ Silver Sponsorship \$2,000 2 Guests for General Membership Luncheon
- _____ Gold Sponsorship \$2,500 3 Guests for General Membership Luncheon
- _____ Platinum Sponsorship \$5,000 5 Guests for General Membership Luncheon

DONATION

- Light Up Kailua \$25 _____ \$50 _____ \$100 _____ Other _____
- Independence Day Parade \$25 _____ \$50 _____ \$100 _____ Other _____

MEMBERSHIP FEES DO NOT QUALIFY AS A CHARITABLE CONTRIBUTION, BUT MAY QUALIFY AS A TAX DEDUCTIBLE BUSINESS EXPENSE

METHOD OF PAYMENT

Checks payable to: KCOC

Check#: _____ Amount \$: _____

Credit Card Payments (VISA and MasterCard ONLY)

If you are concerned about mailing this form with credit card information you can call KCOC office !!

Credit Card# _____ - _____ - _____ - _____ Expiration Date: _____

Name on Card: _____ Authorization Signature: _____

Billing Address for card: _____ Security Code _____

Membership inquiries to (808) 261-7997, (808) 261-2727 or kcoc@kailuachamber.com
www.kailuachamber.com