



# HONOLULU JAPANESE JUNIOR CHAMBER OF COMMERCE

P.O. Box 1105 • Aiea, Hawaii 96701 • Phone: (808) 949-2255

E-mail: [info@hjjcc.com](mailto:info@hjjcc.com) • website: [www.hjjcc.com](http://www.hjjcc.com)

Proud sponsor of the Cherry Blossom Festival and the Young Business Roundtable

**Yes, I would like to join the Honolulu Japanese Junior Chamber of Commerce (HJJCC). (Complete entire form)**

- Membership Fee: **\$70.00 - HJJCC only**  
**\$180.00 - Dual Membership:**  
**Membership to both the HJJCC and**  
**Honolulu Japanese Chamber of Commerce [HJCC]**

- Please make check payable to: **Honolulu Japanese Junior Chamber of Commerce**

- Mail to: **HJJCC**  
**Attn: V.P. of Membership Devt.**  
**P.O. Box 1105**  
**Aiea, HI 96701**

**DATE:** \_\_\_\_\_

**No, I am unable to join at this time, but please place me on your mailing list. (Complete “Contact Information” only)**

### Contact Information (Please Print)

Name (First/M.I./Last):		Home Phone:		Cell/Alternate Phone:	
E-mail:		Business Phone:		Business Fax:	
Mailing Address:			City:		Zip Code:

### Additional Information

Birth Date (required for membership eligibility):		Referred by:	
Employer:		Position:	

### Please indicate which of the following activities you are interested in participating in:

<b>Programs/Committees:</b> <input type="checkbox"/> Cherry Blossom Festival <input type="checkbox"/> Young Business Roundtable <input type="checkbox"/> Newsletter <input type="checkbox"/> Community Service <input type="checkbox"/> Management Development <input type="checkbox"/> International Relations <input type="checkbox"/> Membership	<b>Dual membership with the Honolulu Japanese Chamber of Commerce:</b> <input type="checkbox"/> Yes, please sign me up as a dual member as long as I am an active HJJCC member (Total to the HJJCC = \$180). <input type="checkbox"/> No, don't sign me up as a dual member at this time but please send me more information. <input type="checkbox"/> No, don't sign me up as a dual member at this time.
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### For Official Use Only

Check No:	Amount paid:	Postmark Date:	Deposit Date:	Signature:
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