

APPLICATION FOR PERSONAL MEMBERSHIP

Name: _____
Phone: _____ Fax: _____
E-mail address: _____
Address: _____
Mailing Address (if different from above): _____
Reason(s) for applying: _____
Please list your areas of expertise: _____
Signature: _____ Date: _____
Sponsor's name (if applicable): _____

Personal Membership provides the opportunity to:

- *Access free or reduced-price education*
- *Participate in the Association's Annual Membership Meeting*
- *Network with industry leaders and management*
- *Receive Association communications, including our weekly e-newsletter*
- *Receive complimentary copies of Association publications, studies, and survey results*
- *Access member-only reports and data*
- *Online listing in Association Membership Directory*

DUES: Annual Personal Membership Dues are \$100.00. Dues are pro-rated by quarter based on when the application is submitted (July to September \$100; October to December \$75; January to March \$50; April to June \$25). Include dues check payable to the Healthcare Association of Hawaii with your application. Payment by credit card is available upon request, contact HAH to provide credit card information. Payment will only be deposited/processed if the application is approved.

HAH does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.

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