



HBEA VENDOR MEMBERSHIP APPLICATION

TODAY'S DATE: _____ NEW MEMBER SPONSOR (IF ANY) _____

YOUR NAME: Last Name: _____ M.I. _____

First Name: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

Street _____ Suite No. _____

City _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ Ext. _____

Area Code _____ Number _____

FAX #: _____

Area Code _____ Number _____

E-MAIL: _____

HOME ADDRESS: _____

Street _____ Apt. No. _____

City _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE #: _____

Area Code _____ Number _____

YOUR SIGNATURE: _____

ANNUAL COMPANY MEMBERSHIP FEE: \$100/YEAR

1 EMPLOYEE MEMBER ONLY INCLUDED IN ABOVE

ADDITIONAL EMPLOYEES: \$50.00 EACH/YEAR

\$165.00/YEAR PLACES YOUR LOGO ON HBEA's website- INCLUDE LOGO WITH APPLICATION

Please submit your membership application form and fee to:

HAWAII BUILDING ENGINEERS ASSOCIATION "HBEA"

P.O. Box 30961

Honolulu, HI 96820

Telephone: 808-638-9599

MasterCard and Visa Accepted

hbea745@hawaii-bea.com

