



## Hawaii Automobile Dealers Membership Form

Email completed forms to: [execdirector@hawaiiautodealer.com](mailto:execdirector@hawaiiautodealer.com)

### Type of Membership(s)

- Primary Active Member                       Primary Associate Member  
 Additional Active Member                       Additional Associate Member

### Company Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Billing email address: \_\_\_\_\_

### Primary Member Information:

Name: \_\_\_\_\_

Email address for Member Updates: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Additional Member(s) Information (if applicable):

Quantity: \_\_\_\_\_

Name(s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

---

### For Official Use Only

Application Receipt Date: \_\_\_\_\_ Quantity of Associate Members: \_\_\_\_\_

Payment Receipt Date: \_\_\_\_\_