

2026-2027 ANNUAL MEMBERSHIP FORM

FOR REGULAR AND YOUNG PROFESSIONALS

(Corporate sponsorships are also available. Please contact us at info@smehonolulu.org for more information.)



PROFESSIONAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ Email: _____

Company: _____

Title: _____

Work Phone: _____

BILLING INFORMATION

Regular Membership: \$195

Young Professionals Membership (under 30): \$95 Birthdate: _____

I have included a check for \$ _____ *made out to SME Honolulu*

I have paid at SMEHonolulu.org Pay via Venmo

Please charge my credit card

Total Amount: \$ _____

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ CVC#: _____ Exp Date: _____

Signature: _____

Please return the completed form by email to info@smehonolulu.org OR by mail to **SME Honolulu PO Box 15828 Honolulu, HI 96830**. Questions? Email Kathryn at info@smehonolulu.org.