



LANAI CHAMBER OF COMMERCE  
P. O. BOX 630730  
Lanai City, HI 96763

**2017 Calendar Year Membership Application - FIFTH FRIDAY VENDOR/PARTICIPANT**

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

Business Name \_\_\_\_\_ dba \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Describe your Business: \_\_\_\_\_

Do you want to be listed in the membership roster on the Chamber web site? Yes \_\_\_ No \_\_\_

If yes, please check which items you want displayed.

\* Business Name - Yes \_\_\_ No \_\_\_ \* Contact/Personal Name - Yes \_\_\_ No \_\_\_

\* Phone # - Yes \_\_\_ No \_\_\_ \* Email - Yes \_\_\_ No \_\_\_ \* Web Address Link - Yes \_\_\_ No \_\_\_

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**FIFTH FRIDAY VENDOR Membership and Chamber Membership Dues (Annual):**

\_\_\_\_\_ Full Membership \$50.00 for Businesses with 10 or fewer employees. Business must be registered in the State of Hawaii and have a physical presence on the island of Lanai (One vote per business, regardless of its size. Contact the Chamber for Membership Levels for Businesses with more than 10 employees.)

GE Tax# \_\_\_\_\_

\_\_\_\_\_ Associate Membership \$50.00 (Non-Voting, Non-Business Membership)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make your check payable to Tri-Isle for Lanai Chamber.**

Mail to:

Lanai Chamber of Commerce, P. O. Box 630730, Lanai City, HI 96763 The Lanai Chamber of Commerce welcomes all businesses regardless of their size. For more information, contact the Lanai Chamber of Commerce via email: [info@lanaichamber.com](mailto:info@lanaichamber.com)

a/o/May 31, 2017

Administrative Use Only: DO NOT WRITE IN THIS SPACE

Payment Type: Check / Cash \* Check # \_\_\_\_\_ \* Application Date: \_\_\_\_\_ \* Membership #: \_\_\_\_\_