



[www.HawaiiAssocWOCC.org](http://www.HawaiiAssocWOCC.org)

Please complete the information requested below:

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_

Professional Category: (Ex: MD, NP, PA, RN, LPN, PT, PTA, OT, Pharmacist, Dietician, etc.)  
\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate the type of membership: Annual dues to be collected on anniversary month

**Individual Membership:**

- Active Member** (Has attended / participated in 2 business meetings AND 2 HAWOCC activities or serve as an officer, committee chair or co-chair)..... **waived**
- Clinician / Individual (non WOCN, AAWC or WCEI)**..... \$50.00
- Clinician / Individual (with dual WOCN, AAWC or WCEI membership)**.....\$35.00
- Retiree**.....\$35.00
- Student (undergraduate)**.....\$25.00

**Facility / Corporate / Manufacturer:** (Covers the cost of one representative)

- Company / Facility**.....\$100.00

Name of company/Facility: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Checkbox if you DO NOT wish to share your email address to vendors

**Note:** Video and / or photography documentation may take place during conferences / meetings. HAWOCC reserves the right to use all photos and videos taken during the conference for promotional purposes. Please advise the photographer if you do not wish to be photographed at that time.

**Payment Method:** Check / Money order (payable to **Hawaii Assoc. for WOCC**)

Please **MAIL** to: Anne Jinbo, 2359 Kaola Way, Honolulu, HI 96813