



HIGICC Membership Form 2018-2019

Contact Information

Please fill in the appropriate information below: (if you are a current member, only changes to your information are needed)

First Name:

Last Name:

Job Title:

Employer/Company Name:

Address (Home or Business):

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Membership Categories and Fees

- Student - \$20 (Not eligible to vote for elections, resolutions, or by-law changes)
- Individual - \$50
- Organization - \$250

Organizational Member Information (fill out only if Organization is selected above)

Designated Voting Representative Other Member Information (up to four)

Please designate the organization's Please list the contact information for the official voting representative: other organizational members:

Name:

Email:

Name:

Email:

Name:

Email:

Name:

Email:

Name:

Email:

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2018-19 Application Date _____

Student Membership Information (fill out only if Student is selected above)

University _____

Expected Degree _____

Expected Graduation Date (mm/yy) _____

Affiliation Check your preferred affiliation.

- Federal Government (FEDERAL)
- State Government (STATE)
- County Government (COUNTY)
- Private Company, Non-Profit, or Other (OTHER)

Previous HIGICC Member

- I am a previous member and last held membership in _____ (YYYY).

HIGICC Events

- Include my (and other organizational member) email(s) on the HIGICC Luncheon Mailing List
- Include my (and other organizational member) email(s) on the HIGICC General Mailing List

Dues Schedule and Payment

Membership in HIGICC is over one fiscal year, from July 1 to June 30.

NOTE: Dues are not pro-rated based on when they are paid. If you pay your dues during the course of the fiscal year, your membership will expire June 30 (e.g. if you pay your dues in February, then your membership will expire at the end of June of the same year). If you have any questions, please contact the HIGICC Membership Committee at the email below.

Please print out a hard copy of this application and provide payment in the form of a personal check, cashiers check, money order or purchase order made out to "HIGICC" for the full membership amount.

Payment can be delivered to the HIGICC Treasurer at a HIGICC meeting/event or mailed to the following address:

**Hawaii Geographic Information Coordinating Council
c/o Membership P.O. Box 1174 Honolulu, HI 96807-1174**

HIGICC Constitution and Bylaw Acknowledgement

By checking this box, I hereby certify that the information herein is complete and accurate. I further certify that I will abide by the Constitution and Bylaws of the Hawaii Geographic Information Coordinating Council.

If you have any questions or problems completing this form, please contact the Membership Committee at membership@higicc.org.

HIGICC Membership Form

2016-17 Application Date _____