



## HIGICC Membership Form

### 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)

Please list the contact information for the organization, and the official voting representative and up to 4 other organizational members:

Official Voting Representative Name:

Official Voting Representative Email:

Organizational Member 1 Name:

Organizational Member 1 Email:

Organizational Member 2 Name:

Organizational Member 2 Email:

Organizational Member 3 Name:

Organizational Member 3 Email:

Organizational Member 4 Name:

Organizational Member 4 Email:

HIGICC Membership Form 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 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, cashier's 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](mailto:membership@higicc.org).

**HIGICC Membership Form Application Date \_\_\_\_\_**