



MAUI EXECUTIVES ASSOCIATION

Leads come your way with the MEA!

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MEMBERSHIP APPLICATION

THE PROPOSED FIRM

Firm Name:		Date:
Firm Address:		
City:	State:	Zip:
Telephone:	Alternate Phone:	Fax:
E-mail:		
This firm is a (circle one)	Corporation	Partnership
	Franchise	Home Office
	Sole Proprietorship	Branch
Total Employees:	Full Time:	Part Time:
How long has your firm been in business in Hawaii?		Number of locations:
Classification of business:		
This classification represents _____% of the firm's total volume. (Must be 75% or more)		
If this firm is doing business under other names, DBA's, or trade names, include all such names and describe both the primary and secondary areas of business involvement for each:		

If other businesses are owned/operated by this proposed firm or the majority owners of this firm, list them and provide their primary and secondary areas of business involvement:		

References

List three credit references for your firm:		
Company name/Contact person	Address	Telephone
List three personal references for your representative:		
Contact person	Address	Telephone

