



Hawaii Island Landscape Association
PO Box 1594 Kailua-Kona HI 96745
 Phone: 808/322-4884

2018 Annual Membership Invoice
 (Membership Year for January 1 –December 31, 2018)

Check one category:

- A. _____ Resorts and Companies with more than 10 employees: \$100**
- B. _____ Companies with 3-9 employees: \$75**
- C. _____ Individuals and Companies with no more than 2 employees: \$50**

Note: Membership categories A and B are allowed one affiliate member.

 Primary Member _____
 Affiliate Member

Mailing Address:

 Company or Business

 Street or P.O. Box

 City State Zip

 Phone (business) _____
 Phone (cell)

Additional contact information: E-mail : _____

PAYMENT OPTONS: Check/money order payable to **HILA** or provide Credit Card information below:

Card Type _____ Card No. _____ Security code _____
 Exp. date _____ Name on card _____ Zip code _____

 Signature _____
 Date

Interests: (Please check all areas of interest)

- | | | |
|---|---|---|
| <input type="checkbox"/> Landscape Education | <input type="checkbox"/> LICT Program (certification) | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Speakers and Field Trips | <input type="checkbox"/> Conferences & Trade Shows | <input type="checkbox"/> Job networking |
| <input type="checkbox"/> Tools and Technology updates | <input type="checkbox"/> Community improvement projects | <input type="checkbox"/> Social |