



## MEMBERSHIP APPLICATION FOR 2025

Please follow the steps below to complete your Membership Application Form.

### STEP 1. Membership Type:

Please check the appropriate box to describe your type of membership and select the corresponding annual membership dues. Membership for Companies and Associations applies to all persons in your Company or Association.

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Association Management Company      | \$150 per Company     |
| <input type="checkbox"/> Business Partner                    | \$150 per Company     |
| <input type="checkbox"/> Condominium / Community Association | \$100 per Association |
| <input type="checkbox"/> Individual Homeowner                | \$40 per Owner        |

Association or Company Name (if any) \_\_\_\_\_

Type of Business \_\_\_\_\_

Did someone refer you to join CCM? If so, please state who: \_\_\_\_\_

Is this membership:  New OR  Renewal?

### STEP 2. Member Contact Information:

Please provide the contact information for at least 1 person from each Association, Business Partner or Management Company.

#### Member 1 (required)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title/Position \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Member 2 (optional)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Title/Position \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Company Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Member 3 (optional)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Title/Position \_\_\_\_\_ Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Company Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**STEP 3. Privacy Options:**

Please initial. (All correspondence will be emailed if email address is provided.)

\_\_\_\_\_ I do not wish my name and/or address information to be provided to any outside organizations.

\_\_\_\_\_ I do not wish to receive any special offers or promotions from CCM via email.

**STEP 4. Submit Application and Payment:**

Please send a check made payable to Community Council of Maui and this completed form to: P.O. Box 1742, Wailuku, Hawaii 96793.

OR you can complete the membership application and pay by credit card online at our website

<https://ccmmaui.com>

These membership dues apply to an annual membership good through December 31, 2025. Membership dues do not include seminar and lunch fees. Membership dues are non-refundable.

For more information about CCM, please visit our website at <https://ccmmaui.com>