

EMERGENCY MANAGEMENT PROFESSIONALS
OF HAWAII (EMP-HI)
POST OFFICE BOX 22880
HONOLULU, HAWAII 96823-2880



Membership Application

Name: _____ Title (Mr, Ms, Mrs, rank) _____

Affiliation: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel #1: _____ Tel #2: _____ Tel #3: _____

Email: _____ Alt Email: _____

Membership Dues:

- ☐ Individual Member: \$50
☐ Organization Member: \$150
☐ Student/Apprentice Member: \$30
☐ Benefactor-Organization: \$450

Organization (for organization/benefactor): _____

Four individuals eligible from the organization (all have voice, only one votes):

1. _____ 2. _____

3. _____ 4. _____

I give permission for my contact information to be publicized in a Members Only directory of Emergency Managers: _____
Initial

I agree that with my paid dues and signature, I will be a member in good standing of the organization. I agree to continue paying dues prior to the end of each calendar year in order to keep my membership active. I agree that I will conduct myself in accordance with the EMP-HI Bylaws and not discredit or disgrace the organization or its members.

I grant EMP-HI the right to take photographs, videos, or any other electronic likeness of me and my property in connection with EMP-HI. I authorize EMP-HI and its agents to use and publish the same in print and/or electronically. I agree that EMP-HI may use such likeness of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Signature of Member

Date

Send your check or money order made to "EMP-HI"
EMP-HI
PO Box 22880
Honolulu, HI 96823-2880

For administrative use only

- ☐ Membership approved as of:_____
- ☐ Paid dues for Fiscal Year_____:
- ☐ Check #_____
- ☐ Credit Card charged
- ☐ Money order
- ☐ Officer/Director exemption for dues. Position as Officer/Director:_____
- ☐ Member Number Assigned:_____

Mission and vision



- The mission of EMP-HI is to serve its members by providing information, networking and professional development opportunities; and to **advance the emergency management profession**
- Vision: EMP-HI shall strive to preserve life, property, and the environment through **effective collaboration and sharing best practices of the profession**



Dues Schedule:

Individual membership: \$50

Someone who can vote and receive benefits of membership

Organization membership: \$150

Membership for a business, corporation, organization, or government agency for up to four representatives; only the primary member can vote but all can hold office and all can receive full benefits of membership

Student/apprentice membership: \$30

An individual attending school, or a recent graduate and/or someone who just entered the job market and is seeking emergency management as a profession; limited to five years; can vote and receive full benefits of membership

**after 5 years, the apprentice can request an extension on a yearly basis*

Benefactor: \$450

Similar to the organization member, except that EMP-HI offers various advertising and promotional benefits. Free registration for one person to all seminars and statewide conferences

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