



HSEA

# Hawaii Solar Energy Association

P.O. Box 37070 Honolulu, HI 96837

**Solar Hot Line (808) 521-9085**

*Serving Hawaii Since 1977*

## MEMBERSHIP APPLICATION

**Name of Firm:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or Box Number City State Zip Code

**Membership Category Requested:** Contractor \_\_\_ (Lic. No. \_\_\_\_\_) Retailer \_\_\_  
Distr./Whslr. \_\_\_ Regular \_\_\_ Mfr./Mfr. Rep. \_\_\_ Utility \_\_\_ Associate \_\_\_ Student/Indiv. \_\_\_

**Company Organization:** Corp. \_\_\_ Sole Prop. \_\_\_ Partnership \_\_\_

**Name and Title of Company Principals:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Years in Solar Business:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**List the name of three credit references:** 1) \_\_\_\_\_  
2) \_\_\_\_\_ 3) \_\_\_\_\_

**List the name and branch of your company's bank account:**

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

**Identify representative and alternate authorized to act at meetings:**

\_\_\_\_\_  
Representative (print name) Position Signature

\_\_\_\_\_  
Alternate (print name) Position Signature

**Should I (we) become a member of HSEA, I (we) agree to strictly adhere to the by-laws of HSEA.**

**Upon approval of membership by HSEA Board of Directors, the person(s) designated on this application form will be the official representative of your organization to HSEA and will receive all membership notices. All members are required to pay annual dues in advance.**