



Hawaii Solar Energy Association

P.O. Box 37070
Honolulu, HI 96837
Serving Hawaii Since 1977

MEMBERSHIP APPLICATION

Annual dues check required with submitted application

Name of Firm: _____ Phone: _____

Address: _____
Street or Box Number City State Zip Code

Membership Category Requested:

☐ General ☐ Wholesale Distributor / Retail Vendor ☐ Associate ☐ Individual ☐ Contractor _____
HI License No.

Name and Title of Company Principals:

1) _____ 2) _____

Company Organization:

☐ Corporation ☐ Sole Proprietorship ☐ Partnership

Year Business Established: _____ Number of Employees: _____

List Three Professional References:

1) _____ 2) _____

3) _____

Identify Representative and Alternate Authorized To Act At Meetings:

Representative (print name) Title Signature Email Address

Alternate (print name) Title Signature Email Address

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.