Membership Application for the Hawaii Association of Environmental Professionals (HAEP)

First Name _____ MI _____ Last Name _____

Organization _____

Mailing/Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Email address _____

Your email address will only be used to send you meeting announcements and HAEP-related information.

Check One:

☐ New Membership $25.00

☐ Membership Renewal $25.00

Please make check out to 'HAEP.' Mail membership application and check to:

HAEP
c/o CH2M HILL
ATTN: Dennis Peters
1132 Bishop Street, Suite 1100
Honolulu, HI 96813

www.haep.org