



MEMBERSHIP APPLICATION

P.O. Box 2815 Honolulu, Hawaii 96803 ♦ www.hawaiicaptives.com ♦ info@hawaiicaptives.com

Membership in the Hawaii Captive Insurance Council (HCIC) is open to all captive insurance companies licensed in the State of Hawaii and to all captive insurance service providers with an interest in the positive promotion, development and maintenance of the captive industry in Hawaii.

HCIC members receive, among other things, discounts on HCIC-sponsored seminars and conference as well as reduced rates on many fine hotels, resorts and golf courses throughout our beautiful Hawaiian Islands.

MEMBER INFORMATION (*required information)

*MEMBER FIRST NAME _____ *MEMBER LAST NAME _____

TITLE _____

*MEMBER/CAPTIVE COMPANY NAME _____

*PARENT COMPANY NAME (If above is Captive Company): _____

*MEMBER EMAIL: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PLEASE SELECT WHICH OF THE FOLLOWING BEST DESCRIBES YOUR BUSINESS:

- Actuaries
- Attorneys
- Banks and Investment Managers
- Captive Managers
- Claims Managers and Related Consultants
- Captive Insurance Consultants
- Certified Public Accountants
- Insurance and Reinsurance Brokers
- Other _____

PLEASE LIST ADDITIONAL EMAILS IN YOUR OFFICE THAT SHOULD RECEIVE INFORMATION REGARDING OUR ANNUAL FORUM AND WEBINARS:

DUES

ALL DUES ARE PER CALENDAR YEAR AND ARE NOT PRO RATED

Hawaii Licensed Captive Insurer US \$325 Service Provider Member US \$800

PAYMENT

Credit Card (select type) Visa MasterCard American Express

Card Number: _____ 3 or 4 digit CVS code _____ Exp. Date _____

Cardholders Name (as it appears on the card) _____

Check enclosed Please send an invoice

Please mail form and payment information to: HCIC P.O. Box 2815, Honolulu, HI 96803