



## 2025 NEW MEMBER APPLICATION

The undersigned is applying to join the Royal Coconut Coast Association (RCCA) for the year. This membership entitles the firm listed below to all promotional opportunities, rights, privileges and benefits of membership in the Royal Coconut Coast Association throughout 2024, with the opportunity to continue membership on a yearly basis. The undersigned agrees to join the Royal Coconut Coast as:

- ☐ A General Member  
☐ A Lodging Member (TVR permit# \_\_\_\_\_)  
☐ A Sustaining Member  
☐ An Allied Member (Online only, based on the Royal Coconut Coast)

Business or Organization Name: \_\_\_\_\_

Name of Manager or Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location (Physical Location in Kapa'a/Wailua): \_\_\_\_\_

Website Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Fax# \_\_\_\_\_

Description of business activity within the Royal Coconut Coast region \_\_\_\_\_

By signing below, you agree to the terms associated with Royal Coconut Coast Association membership guidelines, and paying your annual dues either quarterly or annually. Listed in our membership dues schedule, you will find the annual dues that best fit your organization. Your membership, including all benefits, will be activated upon receipt of membership dues and approval by the RCCA Board. Mail or email this document to the address below.

New Member Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Enclosed is my check for \_\_\_\_\_ (quarterly or full amount).

☐ I prefer to pay by credit card either quarterly or in full. *Processing fees apply (appx. 3%).*

Credit card type \_\_\_\_\_, CC# \_\_\_\_\_

Expiration Date \_\_\_\_ (mo.) \_\_\_\_ year, Security code \_\_\_\_\_

☐ I prefer to give credit card information over the phone, please call me at \_\_\_\_\_

Referral by: \_\_\_\_\_ (Let us know if a business person in the community referred you. Mahalo!)