



JAPANESE CULTURAL CENTER OF HAWAI'I
Honoring our heritage. Embracing our diversity. Sharing our future.

CORPORATE MEMBERSHIP PROGRAM

\$1,000

IMPERIAL CORPORATE

- ❖ Six company membership cards
- ❖ One-time FREE admission for your guests to the JCCH Gallery
- ❖ **Your large company logo on the JCCH website Corporate Members page**
- ❖ Opportunity to have a VIP Tour of the JCCH Historical Gallery, Okage Sama De
- ❖ Discounts at the JCCH Ballroom

This level of membership allows us to continue to produce cultural and educational programs.

\$500

PREMIER CORPORATE

- ❖ Four company membership cards
- ❖ **Your medium company logo on the JCCH website Corporate Members page**
- ❖ Discounts at the JCCH Ballroom

\$250

SUPPORTING CORPORATE

- ❖ Two company membership cards
- ❖ Your company name on the JCCH website Corporate Members page
- ❖ Discounts at the JCCH Ballroom

\$100

NON-PROFIT ORGANIZATION*

*Non-profit tax-exempt ID required

- ❖ Two company membership cards
- ❖ Your company name on the JCCH website Corporate Members page
- ❖ Discounts at the JCCH Ballroom

All Corporate Memberships include:

- ❖ FREE one-year admission to the JCCH Historical Gallery, Okage Sama De
- ❖ 10% off merchandise in the JCCH Gift Shop
- ❖ Discounts at participating local businesses
- ❖ Discounts and invitations for select JCCH programs, events, cultural classes, workshops, and seminars
- ❖ FREE subscription to JCCH newsletter
- ❖ Member voting privileges

~ JCCH Membership is valid for one year and is non-transferable ~

** Membership benefits are subject to change. Restrictions may apply.*

CORPORATE MEMBERSHIP APPLICATION

Yes! I would like to be a Corporate Member of the Japanese Cultural Center of Hawai'i (JCCH)

Please check one:

- Imperial Corporate \$1,000 (6 representatives)
 Premier Corporate \$ 500 (4 representatives)
 Supporting Corporate \$ 250 (2 representatives)
 Non-Profit* \$ 100 (2 representatives) (Tax-Exempt ID#: _____)
*Non-profit tax-exempt ID required

Company Name: _____

Please fill in the information for your representatives based on your level of support selected above.

Representative 1 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Representative 2 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Representative 3 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Representative 4 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Representative 5 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Representative 6 Name: _____ Position: _____

Mailing address: _____

Phone: _____ Email: _____

Please send this form along with payment to 2454 South Beretania Street, Honolulu, HI 96826

- Business check – payable to **JCCH** Credit card: VISA Mastercard

Signature: _____ Card # _____ Exp. _____