



Membership Application and Renewal Information

Name :		Degree/title:	
Agency/company Address:			
Home Phone:	Office phone:	Cell phone:	
Fax:	Email:		
Agency/ company:		Website:	
Description of agency/company and area of practice:			

The information provided above will be featured on the membership tab of the HACM website.

Membership renewal is \$25 per year and is due at the beginning of each calendar year. Please make checks payable to Hawaii Association of Case Managers and send to:

Hawaii Association of Case Managers
PO Box 11813
Honolulu, HI 96828