

KO`OLAUPOKO HAWAIIAN CIVIC CLUB

Member Information Sheet

Name:		Birthdate (month/day):	
Home Phone:	Other Phone:	Email:	
Home address:			
City:	State:	ZIP Code:	
Mailing address:			
City:	State:	ZIP Code:	
TYPE OF MEMBERSHIP (Dues are per calendar year)			
Regular (Native Hawaiian) \$20		Associate (Non-Hawaiian) \$20	Youth \$5
Associate Organization \$30		Name of Organization:	
Associate Business \$50		Name of Business:	
Signature of applicant:			Date:
<i>For Official Use Only</i>			
Dues Paid:		Received By:	Date:

One form per member

Please submit completed form along with membership dues to:

Ko`olaupoko Hawaiian Civic Club, PO Box 664, Kane`ohe, HI 96744

Koolaupokohcc@hotmail.com

www.Koolaupokohcc.org

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