

WAIOHULI HAWAIIAN HOMESTEADERS ASSOCIATION, INC

P. O. Box 698
Kula, HI 96790-0698

APPLICATION FOR MEMBERSHIP
Please Print Clearly. One Application Per Person

CHECK BOX

- ☐ New Applicant
☐ Renewal

NAME OF

APPLICANT: _____
(Last Name) (First Name)

PHYSICAL ADDRESS: _____
(House Number & Street Name- In Waiohuli or Waiohuli Hikina)

CURRENT MAILING ADDRESS

: _____
(P.O. Box or House Number & Street Name) (City) (State) (Zip Code)

TELEPHONE NO.: _____ **CELL NO.:** _____

EMAIL ADDRESS: _____

Annual membership dues are \$10.00 per person. Membership is effective July 1st and expires June 30th of the following year (no pro-rate for partial year). Applicants must meet the necessary requirements to be eligible, so your responses to the following questions are necessary. Please circle your responses.

Are you 18 years of age or older?

☐ YES ☐ NO

Are you a Lessee or Co-Lessee in Waiohuli or Waiohuli Hikina?

☐ YES ☐ NO

If you are NOT a Lessee or Co-Lessee in Waiohuli or Waiohuli Hikina:

NAME OF LESSEE: _____ **Your Relationship:** _____

Are you an immediate family member of a Lessee or an Ohana member
of a Lessee and are you living in Waiohuli or Waiohuli Hikina?

YES NO

(Signature of Applicant) (Date)

Please make checks payable to : WAIOHULI HAWAIIAN HOMESTEADERS ASSOCIATION, INC.

For Association Use Only

Amount Paid: _____ ☐ Cash ☐ Check **Bank Name:** _____
Receipt No: _____ **Mbrshp Exp Year:** _____ **Check No.:** _____

Date Received: _____ **(Date)**

Printed Name: _____ **Mbrshp Roster Updated** _____

Signature _____ **Monies to Treasurer** _____
(Treasurer's Initials: _____)