

PEARL HARBOR HAWAIIAN CIVIC CLUB

"E Papepae I Luna Loa I Ka Malamalama"

"Hold High the Light of Knowledge"

Chartered: April 16, 1964

APPLICATION FOR MEMBERSHIP

(Type or Print Legibly)

NAME: _____
(LAST) (FIRST) (MIDDLE)

Home Address: _____ Home Phone: () _____
(Number & Street, City & State, Zip Code)

Mailing Address: _____ Business Phone () _____

Occupation: _____ Employer: _____ School: _____

Date of Birth: _____ Are You of HAWAIIAN Ancestry? Yes _____ No _____
(MONTH/DAY/YEAR)

Number of Children: _____ Female (Ages) _____
Male (Ages) _____

MEMBERSHIP INFORMATION

Type of Membership _____ REGULAR (Any adult person of Hawaiian Ancestry is Eligible for Regular Membership)
_____ ASSOCIATE (Any adult person who cannot qualify by reason of ancestry is eligible for Associate Membership provided such person is the spouse of a Regular Member)
Please indicate name of Regular Member, _____

_____ OPIO (Any Youth of Hawaiian Ancestry, thirteen (13) through seventeen (17) years of age)

Initiation Fee: \$ 1.00

Annual Dues: \$ 20.00

Opio : \$ 10.00

(Refer to Constitution and ByLaws of PHHCC for information on Life and Honorary Membership)

Name of other Hawaiian Civic Club(s) presently a member _____

COMMITTEE PREFERENCES: (You may mark more than one)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Health & Welfare | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Constitution & By-Laws | <input type="checkbox"/> Membership | <input type="checkbox"/> Refreshments |
| <input type="checkbox"/> Education | <input type="checkbox"/> Na Mea Hawai'i | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Opio | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Program | |

(Signature of Sponsor & Date)

() _____

(Phone Number of Sponsor)

MEMBERSHIP COMMITTEE

Recommend Membership: Accepted _____
Rejected _____

(Signature of Chairperson & Date)

Comments:

(Signature of Applicant & Date)

BOARD OF DIRECTORS

Membership: Approved _____
Disapproved _____

(Signature of Officer & Date)

Comments:

Send Form to: **P. O. Box 66**
Aiea, Hi, 96701