

Hawaii Aloha Life Enrichment (HALE) Membership Application Form (米国在住者用)

Please check the box.		Single			Family		
			ember		Mer	nber of Two	
Initiation Fee				\$20		\$40	
Annual Fee				\$80		\$140	
Total			\$	100		\$180	
Please fill in your information clearly. (Especially E-mail address)							
Name of Applicant 1					Birthdate (mm/dd/yy		
Name of Applicant 2					Birthdate (mm/dd/yy	e	
Address							
Phone Number			E-mail				
I hereby apply for the above							
membership. Signature: Date:							
Please check the box.							
I am (We are) interested in joining Gohan Club activities .							
Pay by check or Money order							
Payable to: HALE Mail to: HALE P.O.Box 8232, Honolulu, Hawaii 96830							
Charge my: VISA MasterCard JCB American Express							
Name of Card Holder							
Card Number				Exp	ires (mm/yy)		
CVC/CCV Code				Autor	natic Renewal	□Yes □ No	
Total Amount	\$						

ハワイアロハライフ協会 (Hawaii Aloha Life Enrichment Association)
P.O. Box 8232, Honolulu, HI 96830 Tel: (808) 428-5808 Fax: (808) 396-1140
http://www.HawaiiAlohaLife.org info@HawaiiAlohaLife.org

^{*}Dues & Contribution are tax deductible. 501 (C) (3) ID #39-2057525

^{*}Please do not send this form (Card Information) by E-mail from security reason.