

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

Please check the box.		Single Member			Family Member of Two	
Initiation Fee				\$20		\$40
Annual Fee				<b>\$60</b>		\$100
Total				\$80		<b>\$140</b>
Please fill in your information clearly. (Especially E-mail address)						
Name of Applicant 1					Birthdate (mm/dd/y	
Name of Applicant 2					Birthdate (mm/dd/y	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

<sup>\*</sup>Dues & Contribution are tax deductible. 501 (C) (3) ID #39-2057525

<sup>\*</sup>Please do not send this form (Card Information) by E-mail from security reason.