



MEMBERSHIP APPLICATION

Date _____

Name _____

Local Address _____

Phone/Cell Number _____

E-Mail Address _____

Date of Birth (**Month and Day ONLY**) _____

GHIN Number _____

Mainland Address (If applicable) _____

Mainland/Cell Phone Number _____

Please email or mail completed form:

Email: petercarole@hawaiiantel.net

Mailing address:

Na Wahine 'O Waikoloa

PO Box 384041

Waikoloa, HI 96738