



Lau Kanaka no Hawai'i Hawaiian Civic Club of Arizona  
**INDIVIDUAL, FAMILY AND ASSOCIATE MEMBERSHIP APPLICATION**



**APPLICANT INFORMATION**

Name:		
Mobile Phone:	Home Phone:	
Email:	Island from (if applicable):	
Current address:		
City:	State:	ZIP Code:

**FAMILY INFORMATION**

Type/Annual Membership Dues:	<b>Individual/\$35.00</b> <input type="checkbox"/>	<b>Family/\$40.00</b> <input type="checkbox"/>	<b>Associate/\$25.00</b> <input type="checkbox"/>
Spouse/Partner's Name:		Island from (if applicable):	
Mobile Phone:	Home Phone:	E-mail:	
City:	State:	ZIP Code:	
1 <sup>st</sup> Child:	AGE:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
2 <sup>nd</sup> Child:	AGE:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3 <sup>rd</sup> Child:	AGE:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
4 <sup>th</sup> Child:	AGE:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Other family living with you:		Relationship:	

**PREFERRED METHOD OF NEWSLETTER DELIVERY**

Email  U.S. Postal Mail

**APPLICATION PROCESS AND PAYMENT**

Print two copies of your completed application, one for yourself and one for the Treasurer. Select below.

- Send a check and your application made payable to:  
Lau Kanaka no Hawai'i, P.O. Box 60712, Phoenix, AZ 85082
- By Credit Card through PayPal on Date \_\_/\_\_/\_\_\_\_.
- By Credit Card through Square on Date \_\_/\_\_/\_\_\_\_.
- Cash payment: Provide cash and completed application to the Treasurer at the next meeting.

**PHOTO AND INFORMATION DISCLOSURE**

**Lau Kanaka no Hawai'i Hawaiian Civic Club of Arizona takes pictures at all social and civic events. We will post these pictures, addresses and/or locations of these events in our monthly newsletter and on our website. Please see our website [www.lkn haz.org](http://www.lkn haz.org) for more information on the club's Membership Welcome Packet, Bylaws and Constitution. By signing this application you understand that we may be posting your picture and name as stated above.**

For Treasurer:  
 Received: \$ \_\_\_\_\_ for LKNH Membership Dues.      Date: \_\_\_\_\_      Initials: \_\_\_\_\_  
 Notes:

Signature:	Date:
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