 **Women of Waiʻanae**

“He ‘a‘ali‘i ku makani mai au; ‘a‘ohe makani nana e kula‘i.”-

*I am a wind-resisting ‘a‘ali‘i, no gale can push me over. ~ ʻOlelo No`eau #57*

A 501(c)(3) Charitable Organization

Tax ID: 99-0339323

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ares of interest (check all that apply)**

\_\_\_\_ Events \_\_\_\_\_ Scholarship

\_\_\_\_ Publicity \_\_\_\_\_ Fundraising

\_\_\_\_ Membership \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**One Year Membership:** $20.00 \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rules governing membership are outlined within the by-laws of the Women of Wai`anae. A copy of the by-laws are available to all individuals intending on becoming a member. It is the responsibility of the individual completing this document to understand the rules governing membership.**

*Application may be emailed to kgsyoung@hotmail.com after paying membership fees on website. Or mail to Karen Young at 86-024 Glenmonger St, Waianae, HI 96792 with check payable to Women of Waianae.*

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**This section is to be completed by the Membership Committee**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_