



MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

E-mail _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Applicant Signature Date

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Applicant Signature Date

Return completed form by mail to Aina Haina Prepared, P.O. Box 240986, Honolulu, HI 96824, or by e-mail to ainahainaprepared@gmail.com