



FRIENDS OF THE WAIKIKI AQUARIUM

MEMBERSHIP APPLICATION

MEMBERSHIP TYPE (Please check one): NEW RENEWAL GIFT

<u>1 Year</u>	<u>2 Years</u>	<u>Membership Level</u>
<input type="checkbox"/> \$90	<input type="checkbox"/> \$170	Best Value! FAMILY PLUS – two adults and their children under 18 yrs. of age residing in the same household plus FREE admission for two guests per visit when accompanied by member.
<input type="checkbox"/> \$65	<input type="checkbox"/> \$120	FAMILY – two adults and their children under 18 yrs. of age residing in the same household.
<input type="checkbox"/> \$65	<input type="checkbox"/> \$120	GRANDPARENTS – two grandparents and up to six grandchildren under 18 yrs. of age.
<input type="checkbox"/> \$45	<input type="checkbox"/> \$80	INDIVIDUAL – one individual cardholder.
<input type="checkbox"/> \$35	<input type="checkbox"/> \$60	SENIOR – one individual cardholder: 65+ yrs.
<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	PLUS ONE – Member may add to their <i>existing membership</i> an additional member of their household not currently covered by their membership (babysitter/nanny/grandparent).

Memberships are non-transferable and non-refundable.

MEMBER INFORMATION:

Name (on I.D. card): (Dr./Mr./Mrs./Ms.) _____

Name (on I.D. card): (Dr./Mr./Mrs./Ms.) _____ Relationship to member listed above: _____

Name (as you'd like it to appear in publications): (Dr./Mr./Mrs./Ms.) _____ Do not list.

of Children covered by Membership (for FAMILY, FAMILY PLUS and GRANDPARENTS levels only): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____ (Will not be shared outside of the Waikiki Aquarium)

Additional member name (for PLUS ONE level only): _____

Check here if you would prefer to receive an electronic version of the *Kilo i'a* newsletter (and help us go green!).

Preferred email address to send to (if other than above Email address): _____

GIFT MEMBERSHIP:

Gift From: (Dr./Mr./Mrs./Ms.) _____

Lookup ID Number (If applicable): _____ Relationship to Gift Recipient: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____ (Will not be shared outside of the Waikiki Aquarium)

Gift Message: _____

Send Membership Packet to: Recipient Me

PAYMENT INFORMATION:

Membership Dues \$ _____ CASH CHECK (payable to "FOWA")

VISA MC Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Additional Annual Fund Contribution (via UH Foundation): \$ _____

Your Annual Fund Contribution is 100% tax deductible and does not count toward FOWA membership.

Please mail or fax completed form to:

Waikiki Aquarium ♦ 2777 Kalakaua Ave., Honolulu, HI 96815 ♦ (808) 923-1771(fax) ♦ ATTN: Finance Department

FOR INTERNAL USE ONLY: Lookup ID#: _____ Clerk: _____ Processed Date: _____

Intake Date: _____ Circle One: PG no PG ↑ Promo: _____ Mail Date: _____