

‘Ahahui Kīwila Hawai‘i O Mo‘ikeha

PO Box 1383
Kīlauea, HI 96754
ahahuimoikeha@gmail.com • www.moikeha.org
Chartered 11/14/13

MEMBERSHIP APPLICATION

The ‘Ahahui was organized to actively participate in the promotion, perpetuation and practice of Native Hawaiian culture and values.

Last Name _____ First Name _____
Middle _____
Mailing Address _____
City _____ Zip Code _____
Home Phone Number _____
Cell Phone _____ Work Number _____
Email Address _____

TYPE OF MEMBERSHIP (MUST BE 18 YEARS AND OLDER)

Active (Hawaiian) Associate (Non-Hawaiian)
New Membership (\$25.00) Renewal (\$20.00)

Signature Date

Sponsored By _____

Please mail completed application to Membership Chairman at the above address or email to:
ahahuimoikeha@gmail.com

Date of Board Approval _____ Date of Membership Approval _____

Upon approval payment can be made by Cash or Check payable to ‘Ahahui Kīwila Hawai‘i O Mo‘ikeha and mailed to the ‘Ahahui address or be given to the Treasurer at the next membership meeting.

Cash Check
Date Received _____ Date of Deposit _____