



The Outdoor Circle

MEMBERSHIP FORM

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Additional Members (Joint and Family Memberships Only): _____

Your membership in the statewide organization is a very valuable contribution. As a member, you will have the satisfaction of knowing that you are protecting Hawaii's scenic environment for future generations and that your voice will be heard through our advocacy efforts. You will be kept abreast of current issues in our quarterly newsletters and will receive invitations to our special events; however, if you'd like to take on a more active role in your local area, please check your preferred branch.

Branch selection is optional.

- | | |
|---|--|
| <input type="checkbox"/> Kane'ohe, O'ahu | <input type="checkbox"/> Kaua'i |
| <input type="checkbox"/> Lani-Kailua, O'ahu | <input type="checkbox"/> Maui |
| <input type="checkbox"/> North Shore, O'ahu | <input type="checkbox"/> Ka'u, Hawai'i |
| <input type="checkbox"/> Wai'alae-Kahala, O'ahu | <input type="checkbox"/> Kona, Hawai'i |
| <input type="checkbox"/> Wai Momi, O'ahu | <input type="checkbox"/> Waikoloa Village, Hawai'i |
| <input type="checkbox"/> Kapolei, O'ahu | <input type="checkbox"/> Waimea, Hawai'i |

MEMBERSHIP CATEGORY (select one):

Individuals & Families

- Student (21 or younger) – Kiawe _____ \$10
- Individual – Kukui _____ \$25
- Joint – Banyan _____ \$50
- Family – Monkeypod _____ \$100
- Life – Koa _____ \$1000

Corporate

- Up to 10 Employees – Wilhelmina Tenny _____ \$100
- Up to 50 Employees – Lunalilo Yellow _____ \$200
- Up to 100 Employees – Queen's White _____ \$300
- More than 100 Employees – Ni'i Gold _____ \$1,000

- I would like to make an additional donation to The Outdoor Circle: \$ _____
- I am interested in volunteering; please contact me about getting involved!
- I would like to receive E-Alerts from The Outdoor Circle!

PAYMENT METHOD:

____ Enclosed is my check for \$ _____

____ Please bill my Visa / MasterCard / Discover for \$ _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____