Hui ‘O Na Wahine



## www.schofieldspousesclub.com

## 2014-2015 Membership Application

***Please enter all information (names, unit, etc.) as you want it listed in the Hui directory:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_ New Member? Yes / No

MM DD

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please CLEARLY denote underscores and other characters

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit (BDE or BN): \_\_\_\_\_\_\_\_\_\_\_\_\_ in (circle) 25 ID 8th TSC OTHER

*The Hui ‘O Na Wahine reserves the right to use your name, likeness, work, and/or bibliographical identification for publicizing and promoting the Hui.*

**By initialing you have acknowledged and are agreeing to the following:**

**\_\_\_\_** I understand that if **I do not** cancel my reservations by the **Friday** before the luncheon, then I am

responsible for full payment.

\_\_\_ I agree to abide by the policy for all published reservation luncheons and special events.

\_\_\_ I would be interested in helping with committees including scholarship, welfare, or other special event

committees.

**MEMBERSHIP TYPE:**

**Membership Fee $25.00, for all members.**

**(Membership fee includes electronic Hui Directory and updates, subscription to the electronically delivered Hui Lei magazine, and invitation to all events)**

***\_\_\_\_ACTIVE:*** *Active duty members and their spouses of all military branches of the Armed Forces of the United States, Federal civilian employees and their spouses assigned to or residing near Schofield Barracks, Hawaii.*

***\_\_\_\_ASSOCIATE:*** *Retired military members, spouses of retired or deceased military personnel; adults residing permanently in the household of a service member; area civic and community leaders or their spouses.*

***\_\_\_\_OTHER:*** *Must be approved by the Board President and Honorary President. Please contact Membership Chair.*

**By signing this form, I agree to the terms and conditions of this events agreement and accept the Hui `O Na** **Wahine Constitution and By-Laws.**

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

Membership is valid from August 1, 2014 through July 31, 2015

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| Questions?  Email:  huischofield[@gmail.com](mailto:Huionawahine@gmail.com) |

###### -------------------------------------------------------FOR MEMBERSHIP CHAIR ONLY ------------------------------------------------------

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cash or Check # \_\_\_\_\_\_\_

Input to database: \_\_\_\_\_\_\_\_\_ Input to Directory\_\_\_\_\_ Input to Hui Lei: \_\_\_\_\_\_\_\_ Update Received:\_\_\_\_\_\_\_\_\_\_\_\_

**Please make your check out to the**: *Hui ‘O Na Wahine* in the amount of $25.00.

Mail your application and check to the: *Hui ‘O Na Wahine* Membership Chair: P.O. Box 861305, Wahiawa, HI 96786.