Hui ‘O Na Wahine 



## www.schofieldspousesclub.com

## 2016-2017 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 **Wednesday** 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.

­­­\_\_\_ I understand the importance of refraining from unfavorable behavior while representing the Hui.

**MEMBERSHIP TYPE:**

**\_\_\_\_\_\_\_ Membership Fee $25.00 \_\_\_\_\_\_ E6 and Below $20**

**(Membership fee includes Hui lapel pin, Hui bag, 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, 2016 through July 31, 2017

**Please make checks out to the**: *Hui ‘O Na Wahine*

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

|  |
| --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_