KONA HISTORICAL SOCIETY

MEMBERSHIP APPLICATION

Anni	<u> -</u>	New Member the option that best applies)	Update Member Informatio
Application 1	Date		
Name		Phone	
Address			
City		State	Zip
Email			
Preferred for	m of communication (circ	cle one): Email Mail	Phone
	Select Y	our Membership Level	<u>:</u>
· · · · · · · · · · · · · · · · · · ·	_ \$1000 Patron _ \$500 Associate _ \$250 Sponsor _ \$100 Partner		
	Paid by:	Check	Cash

MAHALO FOR YOUR SUPPORT!

**Please fill out and include this form with your check or cash For questions or assistance, call our office at (808) 323-3222

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