



# Women of Wai‘anae

“He ‘a‘ali‘i ku makani mai au; ‘a‘ohe makani nana e kula‘i.”-  
*I am a wind-resisting ‘a‘ali‘i, no gale can push me over. ~ ‘Olelo No`eau #57*

A 501(c)(3) Charitable Organization  
Tax ID: 99-0339323

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **Ares of interest (check all that apply)**

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Events     | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Publicity  | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Other _____ |

**One Year Membership:**      \$20.00 \_\_\_\_\_

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

**Rules governing membership are outlined within the by-laws of the Women of Wai`anae. A copy of the by-laws are available to all individuals intending on becoming a member. It is the responsibility of the individual completing this document to understand the rules governing membership.**

*Application may be emailed to [kgsyoung@hotmail.com](mailto:kgsyoung@hotmail.com) after paying membership fees on website. Or mail to Karen Young at 86-024 Glenmonger St, Waiana, HI 96792 with check payable to Women of Waiana.*

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**This section is to be completed by the Membership Committee**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_