ALOHA FESTIVALS

# Individual Membership Program

**Name:** _____

**Mailing Address:**_____

**City,State,Zipcode:**_____

**Phone:** _____
**Email or**
**Fax:** _____

- **Individual** **$ 40.00 (Membership includes 1 ribbon)**
- **Family** **$100.00 (Membership includes 4 ribbons)**
- **Senior (+55)** **$ 25.00 (Membership includes 1 ribbon)**
- **Donation** **$_____**
- **Total:** **$_____**

**I will pay by:**

- **Check (Please make checks payable to Aloha Festivals and return to the address below)**
- **Credit card: Visa MC (please circle)**

**Card Holder Name:** _____

**Card Number:** _____

**Total amount charged to Card: $**_____

**Expiry Date:** _____ **(mm/yy) Card Security code:** _____

**Signature:** _____ **Date:** _____

**For Credit card payment, please mail or fax back to (808) 923-2622.**

Aloha Week Hawaii, Inc. dba Aloha Festivals
2250 Kalakaua Ave. Ste.315, Honolulu, HI 96815
Phone: (808) 923-2030 – Fax: (808) 923-2622
Email: aloha.festivals@waikikiimprovement.com