FRIENDS OF THE WAIKIKI AQUARIUM

MEMBERSHIP APPLICATION

MEMBERSHIP TYPE *(Please check one)*: ☐ **NEW** ☐ **RENEWAL** ☐ **GIFT**

1 Year	2 Years	Membership Level
(Please check one)		
☐ **$85**	☐ **$160**	***Best Value!*** **FAMILY PLUS** – two adults and their children under 18 yrs. of age residing in the same household plus FREE admission for two guests per visit when accompanied by member.
☐ **$60**	☐ **$110**	**FAMILY** – two adults and their children under 18 yrs. of age residing in the same household.
☐ **$60**	☐ **$110**	**GRANDPARENTS** – two grandparents and up to six grandchildren under 18 yrs. of age.
☐ **$40**	☐ **$75**	**INDIVIDUAL** – one individual cardholder.
☐ **$30**	☐ **$55**	**SENIOR** – one individual cardholder: 65+ yrs.
☐ **$25**	☐ **$45**	**PLUS ONE** – Member may add to their *existing membership* an additional member of their household not currently covered by their membership (babysitter/nanny/grandparent).

MEMBER INFORMATION:

Name (*on I.D. card*): Mr. _____

Name (*on I.D. card*): Mr. _____ Relationship to member listed above: _____

Name (*as you'd like it to appear in publications*): Mr. _____ ☐ Do not list.

# of Children covered by Membership (for FAMILY, FAMILY PLUS and GRANDPARENTS levels only): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Preferred Phone: _____ Email: _____ (*Will not be shared outside of the Waikiki Aquarium*)

Additional member name (for PLUS ONE level only): _____

☐ Check here if you would prefer to receive an electronic version of the ***Kilo i'a*** newsletter (and help us go green!).

Preferred address to send to *(if other than above Email address):* _____

GIFT MEMBERSHIP:

Gift From: Mr. _____

Membership Number (If applicable): _____ Relationship to Gift Recipient: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Preferred Phone: _____ Email: _____ (*Will not be shared outside of the Waikiki Aquarium*)

Gift Message: _____

_____

Send Membership Packet to: ☐ Recipient ☐ Me

PAYMENT INFORMATION:

Membership Dues $_____ ❑ CHECK (payable to "FOWA")

❑ VISA ❑ MC Card Number: _____ Exp. Date:_____

Cardholder Name: _____ Signature: _____

Additional Annual Fund Contribution (*via UH Foundation*): $_____

Your Annual Fund Contribution is 100% tax deductible and does not count toward FOWA membership.

Please mail or fax completed form to:

Waikiki Aquarium ◆ 2777 Kalakaua Ave., Honolulu, HI 96815 ◆ (808) 923-1771(fax) ◆ *ATTN: Finance Department*

FOR INTERNAL USE ONLY: Receipt #: _____ Member ID#: _____ Expiration date: _____