



# FRIENDS OF THE WAIKIKI AQUARIUM

## MEMBERSHIP APPLICATION

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

<u>1 Year</u>	<u>2 Years</u>	<u>Membership Level</u>
<i>(Please check one)</i>		
<input type="checkbox"/> \$85	<input type="checkbox"/> \$160	<b>Best Value! FAMILY PLUS</b> – 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.
<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	<b>FAMILY</b> – two adults and their children under 18 yrs. of age residing in the same household.
<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	<b>GRANDPARENTS</b> – two grandparents and up to six grandchildren under 18 yrs. of age.
<input type="checkbox"/> \$40	<input type="checkbox"/> \$75	<b>INDIVIDUAL</b> – one individual cardholder.
<input type="checkbox"/> \$30	<input type="checkbox"/> \$55	<b>SENIOR</b> – one individual cardholder: 65+ yrs.
<input type="checkbox"/> \$25	<input type="checkbox"/> \$45	<b>PLUS ONE</b> – Member may add to their <i>existing membership</i> an additional member of their household not currently covered by their membership (babysitter/nanny/grandparent).

### MEMBER INFORMATION:

Name (on membership card): (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

Name (on membership card): (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

Name (as you'd like it to appear in publications): (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

# 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): \_\_\_\_\_

### GIFT MEMBERSHIP:

Gift From: (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

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: \_\_\_\_\_