



# FOWA MEMBERSHIP APPLICATION

## BENEFITS INCLUDE:

- Unlimited admission to the Aquarium plus membership card & decal
- 2 complimentary audio tour wands (Family & Family Plus) per visit
- 1 complimentary audio tour wands (Individual & Senior) per visit
- 20% discount in the Natural Selection Gift Shop (excluding books)
- Kilo i'a newsletter
- Invitation to "Members Only" events
- Facility rental privileges
- Free salt water pick-up
- Free or discounted admission to over 100 aquariums & zoos throughout the country

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|            |           |               |   |
|------------|-----------|---------------|---|
| CHECK ONE: | NEW _____ | RENEWAL _____ |   |
|            | 1 YEAR    | 2 YEARS       |   |
| ___ \$ 30  | ___ \$ 60 | SENIOR        | 60+ years / single member   |
| ___ \$ 40  | ___ \$ 80 | INDIVIDUAL    | single member   |
| ___ \$ 60  | ___ \$120 | FAMILY        | two adults & their children up to age 17  |
| ___ \$ 60  | ___ \$120 | GRANDPARENT   | two grandparents + up to six grandchildren up to age 17   |
| ___ \$ 85  | ___ \$170 | FAMILY PLUS   | two adults & their children up to age 17 plus<br>FREE admission for two guests per visit  |
| ___ \$ 25  | ___ \$ 50 | PLUS ONE *    | members may <u>add to their existing membership</u> , another member of their household, not covered by their membership (babysitter, nanny, grandparent/older sibling) |

All membership contributions are 100% tax deductible. FOWA memberships are not intended for commercial use.  
 \*PLUS ONE individual is an add-on to an existing membership. This is not an INDIVIDUAL or SENIOR membership.

PLEASE PRINT

Dr./Mr./Mrs./Ms. **NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **CELLULAR:** \_\_\_\_\_

2<sup>ND</sup> ADULT CARD HOLDER NAME FOR "FAMILY", GRANPARENT" & "FAMILY PLUS" Level

(Dr./Mr./Mrs./Ms.) \_\_\_\_\_

ADDED Name for "PLUS ONE" level: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ CHECK made payable "Friends of the Waikiki Aquarium"

CHARGE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Vin Code: \_\_\_\_\_  
3 digit # on back of card (required)

Card Holder Name: (Print) \_\_\_\_\_

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

To charge by phone call: (808) 923-9741, option 3 - Monday – Friday 8:30 a.m. to 4:00 p.m.

OR

Mail this form along with payment to:

Waikiki Aquarium  
 Finance Dept.  
 2777 Kalakaua Ave.  
 Honolulu, HI 96815