



# The Wakinikona Hawaiian Club

## Membership Application

8701 Madrona Lane  
Edmonds, WA 98026

Phone: 425-776-9420  
E-mail: kama4h4@aol.com

Name: \_\_\_\_\_  
(First Name) (Middle) (Last)

Address: \_\_\_\_\_  
(Number) (street) (City) (State) (Zip Code)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Hawaiian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

No. of Dependents \_\_\_\_\_ Ages of children 18 and younger: \_\_\_\_\_

Next of Kin \_\_\_\_\_ Club Member Y \_\_\_\_\_ N \_\_\_\_\_  
(Name) (Relationship)

Hobbies, Interests, Skills: ( i.e., guitar, fishing, cooking)

Eligibility Requirements *Type of Membership:* New Member \_\_\_\_\_ Reinstatement \_\_\_\_\_

\_\_\_\_\_ **Active Membership** (Must meet one of the following)

A) Resident of Hawaii {at least 5 years} Y \_\_\_\_\_ N \_\_\_\_\_ Where Resided? Town \_\_\_\_\_ Island \_\_\_\_\_

B) Native Hawaiian Extraction Y \_\_\_\_\_ N \_\_\_\_\_

C) Immediate Family (by marriage of a Qualified Member) Yes \_\_\_\_\_ No \_\_\_\_\_ How Related \_\_\_\_\_

\_\_\_\_\_ **Associate Membership** (interest in Hawaii but does not meet Active requirements)

\_\_\_\_\_ **Non-Resident Membership** (Must meet Active Req.)

\_\_\_\_\_ **Honorary Membership** (Fees and Dues not applicable.)

**NOTE: APPLICATION FOR MEMBERSHIP IN THIS CLUB IMPLIES A PROMISE TO PROMPTLY PAY ALL DUES TO THE CLUB AND BE GOVERNED AND BOUND BY THE ARTICLES OF THE CONSTITUTION AND BY-LAWS IN FORCE, AND SUCH RULES AND REGULATIONS AS MAY BE SUBSEQUENTLY ACCEPTED**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsored By: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Initiation Fee (\$10.00 US) Received \_\_\_\_\_ Treasurer \_\_\_\_\_

Verified By Club Secretary \_\_\_\_\_ Date \_\_\_\_\_

Age Requirement: Over 21

DUES \$36 PER YEAR PAID QUARTERLY (\$30 IF PAID BY JANUARY 31)

Kin: (other than spouse) \_\_\_\_\_