

HSFAG MEMBERSHIP APPLICATION FORM

Membership Type

New Member

Renewal

First name: _____

Last name: _____

Email address: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Website: _____

Instagram Account name: _____

Name of member who referred you to HSFAG: _____

Membership Directory Listing

The Guild updates its Membership Directory several times a year for members' personal use only. Please select below the information you would like to include:

Email

Street Address

Cell Phone

Home Phone

Work Phone

Please publish **all** of the above information in my membership listing

The dues for a yearly membership is **\$25.00**.

Membership Dues - Please enter \$25.00 here:	<input type="text"/>
Donation to HSFAG (to help support educational programs):	<input type="text"/>
Donation to Orpha Herrick Scholarship Fund:	<input type="text"/>
TOTAL ENCLOSED:	<input type="text"/>

Please make check payable to **HSFAG** for the total amount and mail with this application form to:

HSFAG Membership

PO Box 61684

Honolulu, HI 96839-1684

(A fee will be charged for any returned checks.)