

## 2020 Hakalau Jodo Mission Membership Form

Please provide information about each person included in this membership.

### Member # 1

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Residence: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

### Member #2

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Residence: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

\* If there are more members to add to a Family Membership, please include information on additional members on a separate piece of paper and submit it with this form.

Type of Membership Family

Individual

Amount Enclosed Membership Dues (\$60 for either Family or Individual Membership) \_\_\_\_\_

Donation in Lieu of Bazaar (Requested Amount \$100) \_\_\_\_\_

Total \_\_\_\_\_

How would you like to receive the Bulletin and other notices?

Email

US Mail

Please submit this form and payment by **March 31, 2020** to:

Hakalau Jodo Mission  
PO Box 296  
Hakalau, Hawaii 96710