2021 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 to:

Hakalau Jodo Mission
PO Box 296
Hakalau, Hawaii 96710