



MOILIILI COMMUNITY CENTER

Please complete, print, and mail this form with your payment to:

Moiliili Community Center
2535 South King Street
Honolulu, HI 96826

MEMBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

- Yes, I would like to renew my membership for 20.**
- Yes, I/we want to be a member of Moiliili Community Center.**
- Membership Fee for individual or family for 20.**

My gift amount is: \$ _____

Please check program(s) enrolled in:

- Children & Families Program Moiliili Senior Center Program
- Japanese Language School Kupuna Support Program
- Other (Please specify) : _____

Method of Giving: Check, payable to: Moiliili Community Center is enclosed
 Credit Card

Credit Card Number: _____ Exp. Date: _____

Print Cardholder Name: _____

Cardholder Signature: _____

Thank you from the Moiliili Community Center. We value your support of the Center's programs and services.