

HCAH Membership Form

Name: _____

Mailing address *(please include city, state, Zip):*

Phone: _____

E-mail: _____

New member Membership Renewal

Membership category:

- Individual (\$US 35.00)
 Other Amount \$ _____

Method of payment:

- Check or money order enclosed.
 Please bill my: MasterCard VISA.

Card number: _____

Expiration date: _____

Signature: _____

Print name on card: _____

Interest

- I would like information on the next volunteer training. Please send an application form

Please mail completed form and check, money order, or credit card information to:

The Hawaii Center for Attitudinal Healing

78-6731 Walua Road
Kailua-Kona, HI 96740

