

# MEMBERSHIP APPLICATION

- New  Renewing  Address Change  
 Upgrade from: \_\_\_\_\_ to \_\_\_\_\_

## Please check membership category:

- UHH/HawCC Student (FREE)  Family (\$85)  
 Kupuna (\$45)  Patron (\$125)  
 Individual (\$50)  Silver (\$250)  
 Dual (\$60)  Gold (\$500)

\$10 discount (valid ID required) for:

- Student  Teacher  Observatory Staff

**Primary Member:**  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
First MI Last

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone OMNI ID#

For Family, Patron, Silver & Gold level members:

**Secondary Member:**  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
First MI Last

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone OMNI ID#

*Please note that all member communications, including invitations to special members-only events, are sent via email. We will never share your email address with any outside organizations.*

## Increase Your Support

- I would like to make an additional tax deductible donation to 'Imiloa of: \$ \_\_\_\_\_  
 My company's matching gift form is enclosed

## Method of Payment:

- Check (Payable to 'Imiloa Astronomy Center)  
 Visa  JCB  
 MasterCard  Diners Club  
 Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Total: \$ \_\_\_\_\_

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

Signature: \_\_\_\_\_

## Is this membership a gift?

If so, please include the gift giver's name and contact information so that a receipt may be sent for tax purposes.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## For Office Use Only:

Payment Type: \_\_\_\_\_ Payment Amt: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Eff. Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Form #: \_\_\_\_\_

Appeal Code: \_\_\_\_\_ Employee Initials: \_\_\_\_\_