NANAKULI ALUMNI ASSOCIATION–
NANAKULI COMMUNITY FOUNDATION
P.O. Box 2738
Waianae, Hawaii 96792

MEMBERSHIP APPLICATION
(Please Print Clearly)

Name _____
Last First M.I. Maiden

Mailing Address _____
Street City Zip

Phone number ( ) _____ Phone Number ( ) _____
circle one: Home Cell Work circle one: Home Cell Work

Email Address _____

Check one:
- ❑ Alumni If so, what graduating class year? _____
- ❑ Community Member If so, residential or business? _____
- ❑ Other Specify_____

Alumni Networking Directory (optional): *Please do not give information you do not want shared*	
Company Name:	Website:
Address:	Email:
Phone number:	
Job Title/ Position:	

As a member of the Nanakuli Alumni Association ("NAA"), I hereby acknowledge and accept the Bylaws and policies of NAA. Further more, I do not and will not hold responsible nor bring harm against the organization, its members or officers; to include travel to and/ or from any NAA activities. I understand that I am here on a voluntary basis and will foster and cultivate the spirit and pride of Nanakuli.

Signature_____ Date_____

Processed by:	Date:
Dues:	Membership Number

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