

# Mililani Hongwanji

## Membership Registration Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex : Male, Female

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(If mailing address is different from Address.)

Employment: \_\_\_\_\_

Phones: (B) \_\_\_\_\_ (R) \_\_\_\_\_ Unlisted

Members of Household:

Name	Age	Relationship	Sex(M/F)	BirthDate
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pledge Monthly \$20.00 \$25.00 \$30.00 Other \$ \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s) \_\_\_\_\_

Please mail this Pledge Form to:  
Mililani Hongwanji  
P. O. Box 893308  
Mililani, HI 96789  
Attn: Membership Committee