

MILILANI HONGWANJI
BUDDHIST WOMEN'S ASSOCIATION

MEMBERSHIP APPLICATION

NAME: _____

DATE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

BIRTHDATE: _____

EMERGENCY CONTACT: _____

PHONE: _____

DUES AMOUNT: \$25/year

PAYABLE TO: Mililani Hongwanji BWA

RETURN APPLICATION TO: Membership Committee
Mililani Hongwanji BWA
P.O. Box 893308
Mililani, HI 96789