

Mālama Mānoa Membership Form

Yes, I want to become a member of Mālama Mānoa and be on the mailing list. I want to help promote community; celebrate cultural diversity and heritage; and preserve and enhance the special qualities of historic Mānoa Valley.

Name: _____
Title, First, Initial, Last Occupation/Employer

Spouse/Friend: _____
Title, First, Initial, Last Occupation/Employer

Address: _____

Telephone _____

FAX: _____ Email Address: _____

Are you a Mānoa resident? _____ No _____ Yes, how long? _____

_____ I'd like to volunteer. Please contact me to help with the following:

_____ Program/Special Events _____ Membership Recruitment _____ Fund Raising

_____ Publicity/Communication _____ Manoa Stream Activities _____ Phone Tree

_____ Historic Preservation _____ Community Planning _____ Walking/Home Tours

_____ I'd like to make a tax deductible gift (use envelope to mail).

Signed: _____ Date: _____



Mālama Mānoa
P. O. Box 61961
Honolulu, HI 96839