WAIKAPŪ
COMMUNITY ASSOCIATION
P.O. Box 3046, Wailuku, HI 96793

Membership Application

Name: _____

Address: _____

_____

Phone Number: _____

Email: _____

I wish to apply for membership in the Waikapū Community Association in the following

Individual Membership: ☐ *$10 per year (open to all residents and property owners in the Waikapū Community District)*

Senior Membership: ☐ *$5 per year (open to all residents and property owners in the Waikapū Community District, 65 years old or older)*

Business Membership: ☐ *$25 per year (open to all business located in or operating in or owning property in the Waikapū Community District)*
Please provide business name: _____

Associate Membership: ☐ *$10 per year (open to all that are interested in the mission of WCA, but do not qualify for other membership; shall not have right to vote)*

I am willing to volunteer my services for the Waikapū Community Association:

Date: _____ Signature: _____

Please return this application and a check for the dues amount to:
Waikapū Community Association
P.O. Box 3046 Wailuku, HI 96793

Working together to enhance the quality of life for the residents of Waikapū through the preservation and appreciation of its history, natural environment, and values of its rural tradition