



MEMBERSHIP BENEFITS

- A FULL YEAR OF FREE ADMISSION TO THE AQUARIUM
- INVITATIONS TO *EXCLUSIVE* MEMBER ONLY AQUARIUM EVENTS
- ADVANCE NOTICE AND DISCOUNTED TICKET PRICES FOR SPECIAL EVENTS INCLUDING *KE KANI O KE KAI* SUMMER CONCERT SERIES
- DISCOUNTS TO AND ADVANCE NOTIFICATION OF CLASSES AND EDUCATIONAL PROGRAMS
- OUR BEAUTIFUL AND INFORMATIVE QUARTERLY MAGAZINE, **KILO I'A**

- DISCOUNT AT THE NATURAL SELECTION GIFT SHOP (EXCLUDING BOOKS)
- RENTAL OF THE AQUARIUM FOR EVENING EVENTS (AVAILABLE EVERYDAY EXCEPT WEDNESDAY, BASED ON AVAILABILITY)
- FREE SALTWATER PICK-UP FOR HOME/OFFICE AQUARIUMS
- FREE OR DISCOUNTED ADMISSION TO SELECT PARTNER ORGANIZATIONS ACROSS THE COUNTRY
- SPECIAL OFFERS FROM PARTNER ORGANIZATIONS

MEMBERSHIP LEVEL

		1 YEAR	2 YEARS
FAMILY PLUS	<i>BEST VALUE!</i> Two adults & their children under 18 yrs. of age plus FREE admission for two guests per visit.	\$90	\$170
FAMILY	Two adults and their children under 18 yrs. of age residing in the same household.	\$65	\$120
GRANDPARENTS	Two grandparents and up to six grandchildren under 18 yrs. of age.	\$65	\$120
INDIVIDUAL	One individual cardholder.	\$45	\$80
SENIOR	One individual cardholder: 65+ yrs.	\$35	\$60
PLUS ONE	Member may add an additional member who is not covered by their membership.	\$30	\$50

PLEASE MAIL OR FAX COMPLETED FORM TO

Friends of the Waikiki Aquarium, PO Box 15518, Honolulu, HI 96830



Fax: (808) 923-1771



Attn: Membership Dept.



MEMBER INFORMATION

 NEW MEMBER RENEWAL GIFT MEMBERSHIP
Complete this section with recipient info

PRIMARY MEMBER (PLEASE CIRCLE PREFIX): DR. / MR. / MRS. / MS. _____

OTHER ADULT (PLEASE CIRCLE PREFIX): DR. / MR. / MRS. / MS. _____

PLUS ONE (IF APPLICABLE - PLEASE CIRCLE PREFIX): DR. / MR. / MRS. / MS. _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

EMAIL: _____ PHONE: _____

NUMBER OF CHILDREN COVERED BY MEMBERSHIP(UP TO 4): _____

 CHECK HERE TO RECEIVE AN ELECTRONIC VERSION OF THE **KILO I'A** NEWSLETTER. HELP US GO GREEN!

PLEASE SELECT MEMBERSHIP LEVEL & YEAR

1 YEAR

2 YEARS

FAMILY PLUS

 \$90 \$170

FAMILY

 \$65 \$120

GRANDPARENTS

 \$65 \$120

INDIVIDUAL

 \$45 \$80

SENIOR

 \$35 \$60

PLUS ONE

 \$30 \$50

PUBLICATIONS & ACKNOWLEDGEMENTS

I WOULD LIKE TO BE MENTIONED IN THE **KILO I'A**: YES NO

ANNUAL FUND CONTRIBUTION

HUKE UP! DONATE \$25 OR MORE AND RECEIVE A FREE GIFT.

GIVING AMOUNT: _____

Your donation to FOWA is 100% tax deductible and does not count toward FOWA membership.

 ACKNOWLEDGE DO NOT ACKNOWLEDGE

NAME TO APPEAR IF WE CAN ACKNOWLEDGE YOU AS A MEMBER OR DONOR:

GIFT MEMBERSHIP - GIVER INFORMATION

ARE YOU A CURRENT MEMBER? YES NO

NAME (PLEASE CIRCLE PREFIX): DR. / MR. / MRS. / MS. _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

EMAIL: _____ PHONE: _____

GIFT MESSAGE: _____

PLEASE THIS GIFT SEND TO: MY ADDRESS

 RECIPIENT GIFT PICK UP AT AQUARIUM

PAYMENT OPTIONS

 CREDIT CARD CASH CHECK PAYABLE TO "FOWA"

CARDHOLDER'S NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ MC VISA OTHER

TOTAL MEMBERSHIP DUES & DONATIONS:

FOR EXTERNAL USE ONLY

I.D. # _____

PROMO: _____

PROCESSED DATE: _____

CLERK: _____

 PG NO PG

MAIL DATE: _____

INTAKE DATE: _____