



KAHULUI HONGWANJI BUDDHIST TEMPLE



291 S. Puunene Ave., Kahului, HI 96732-2426 Ph. (808) 871-4732 E-mail: Kahului-hongwanji@hawaii.rr.com

MEMBERSHIP INFORMATION

Primary Member's Name _____ Birth Date _____

Home Address _____ City _____ State _____ Zip + 4 _____

Mailing Address _____ City _____ State _____ Zip + 4 _____

Email address _____ Resident Ph. # _____ Cell # _____

If currently working, name of employer/business _____

Member(s) of Household: (If more space is needed, please use the bottom of this form.)

Name	Relationship	Birth Date	Gender	Phone or Cell #	Member Yes/No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pledge: _____ \$25.00/ Month \$ _____/Month \$ _____/Annually \$ _____/Other

Closest relative not living with you:

Name _____ Relationship _____ Phone # _____

Address _____

Street/ P.O. Box	Town/City	State	Zip Code
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Yes, we can help. Please call us for:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Year's General Assembly | <input type="checkbox"/> Yard Sale | <input type="checkbox"/> Buddhist Women Association |
| <input type="checkbox"/> Bazaar | <input type="checkbox"/> County Fair | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Hanamatsuri | <input type="checkbox"/> Year End Cleanup | <input type="checkbox"/> Cub Scouts |
| <input type="checkbox"/> Maui Matsuri | <input type="checkbox"/> Mochi Tsuki | <input type="checkbox"/> Boy Scouts |
| <input type="checkbox"/> Fujimatsuri | <input type="checkbox"/> New Year's Eve Service | <input type="checkbox"/> 4-H |
| <input type="checkbox"/> Graduates' Luncheon | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Chicken Hekka Pickup | <input type="checkbox"/> Project Dana/Hojukai | <input type="checkbox"/> Funeral |
| <input type="checkbox"/> Obon | <input type="checkbox"/> Hosha | Other _____ |
| <input type="checkbox"/> Appreciation Luncheon | <input type="checkbox"/> Dharma School | _____ |

Signature _____ **Date** _____

COMMENTS/SUGGESTIONS: *Please tell us of programs/activities you would like to see happening at the Kahului Hongwanji Buddhist Temple.*