



# FOHXG MEMBERSHIP FORM

RETURN COMPLETED FORM ALONG WITH CHECK PAYABLE TO:

**Friends of Halawa Xeriscape Garden**

**P.O. Box 3089**

**Honolulu, HI 96802**

**(808) 748-5315**

**PRINT First/Last Name(s):**

**Date:**

**Address (Street, City, Zip Code):**

**Home Phone:**

 ( )

**Work Phone:**

 ( )

**E-mail**

**Applying as:**

New Member

Renewal

**Membership Levels and Dues:**

- Friend \$15
- Supporting (individual) \$25
- Joint Membership \$25
- Supporting Joint \$45
- Supporting Corporate \$250
- Lifetime Member \$500

**Volunteer Opportunities:**

- Nursery Volunteer
- Garden Volunteer
- FOHXG Board Member
- Plant Sale Worker
- Publicity/Newsletter
- Garden Docent
- Special Projects
- Other (please specify)

**Donations (optional, enter amount below):**

 DONATIONS: \$

**Total Amount Enclosed (enter amount below):**

 TOTAL: \$

Your membership alone is a very worthwhile contribution towards conservation education. If you wish to take a more active role as a member and would like to become a regular volunteer, please let us know by checking the box next to the **volunteer opportunities** that interest you. Please include a completed copy of this form with your remittance to the above address. For more information about FOHXG please email [friendsofhalawa@gmail.com](mailto:friendsofhalawa@gmail.com).

**FOR OFFICE USE ONLY.**

**Payment Received:**

- Cash \_\_\_\_\_
- Check \_\_\_\_\_
- Charge \_\_\_\_\_

**Checklist:**

- Database \_\_\_\_\_
- Email Group \_\_\_\_\_
- Expiration Date \_\_\_\_\_
- Welcome Packet \_\_\_\_\_