

2018 ANNUAL MEMBERSHIP RENEWAL

Mahalo piha for your membership this past year, we humbly ask you to reaffirm your commitment and rededicate yourself to historic preservation and our mission by renewing your membership for 2018. We have a new Membership Committee Chairwoman, Lauren Avery, who is devoted to updating our membership database. **We kindly ask you to complete this form and return it in the enclosed envelope by Jan. 15, 2018.**

MEMBER INFORMATION

Circle One

Dr./Mrs./Ms./ _____
 Miss/Mr. First Name Middle Name Last Name (Maiden Name, if different)

 Primary Hawai'i Mailing Address Alternate Mailing Address

 City, Island Zip City, State Zip

 Date of Birth Dates for Alternate Address

 Home Phone Cell Phone Email Address

Please select how you would like to receive information:

- | | | | |
|----------------------------------|-----------------------------|-----------------------------------|----------------------------|
| Newsletters: | <input type="radio"/> Email | <input type="radio"/> Postal Mail | <input type="radio"/> Both |
| Events & Fundraisers: | <input type="radio"/> Email | <input type="radio"/> Postal Mail | <input type="radio"/> Both |
| Important Info: | <input type="radio"/> Email | <input type="radio"/> Postal Mail | <input type="radio"/> Both |

Annual Meeting notices and Annual Membership Renewal will be sent via postal mail.

I am interested in volunteering with: *Please select all that apply.*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Palace Greeter | <input type="checkbox"/> Collections | <input type="checkbox"/> Handyperson (small repairs) |
| <input type="checkbox"/> Membership Drives | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events | <input type="checkbox"/> Cultural Practitioner |
| <input type="checkbox"/> Grounds/Gardens | <input type="checkbox"/> Language Interpreter/Translator for: _____ | | |

I would like to renew my membership at the following level for 2018:

- _____ Individual (\$45 Daughter / \$40 Calabash Cousin)
- _____ Junior (\$25 Daughter, 17yrs. & under)
- _____ Family (\$75 Daughter / \$65 Calabash Cousin)
- _____ Patron (\$160 Daughter & Calabash Cousin)
- _____ Lifetime (\$2,500 Daughter & Calabash Cousin)
- _____ Enclosed is my additional gift of \$ _____

A listing of membership levels, benefits, and payment options can be found on the next page.

Completed forms and membership dues should be returned to the Corporate Office in the enclosed envelope by January 15, 2018.

MEMBERSHIP LEVELS & BENEFITS

INDIVIDUAL MEMBERSHIP

Quarterly Newsletter
Palace Admission Annual Pass
10% Discount at the Gift Shops
10% Discount on One (1) Facility Rental
Special Discounts on Events & Programs

JUNIOR MEMBERSHIP*

Quarterly Newsletter
Palace Admission Annual Pass
10% Discount at the Gift Shops
Special Discounts on Events & Programs
**Must be 17 years old and younger.*

FAMILY MEMBERSHIP*

Quarterly Newsletter
Palace Admission Annual Pass
10% Discount at the Gift Shops
15% Discount on One (1) Facility Rental
Special Discounts on Events & Programs
**Available for One Adult and Two Keiki.*

PATRON MEMBERSHIP

Quarterly Newsletter
Palace Admission Annual Pass
10% Discount at the Gift Shops
20% Discount on One (1) Facility Rental
Special Discounts on Events & Programs
Admission for Two (2) Accompanied Guests
One (1) Palace Admission Family Pass

LIFETIME MEMBERSHIP

Quarterly Newsletter
Palace Admission Annual Pass
15% Discount at the Gift Shops
25% Discount on One (1) Facility Rental
Special Discounts on Events & Programs
Admission for Two (2) Accompanied Guests
Four (4) Palace Admission Family Passes
One (1) Publication
One (1) Limited Edition Print
One (1) Yearly VIP Tour for Eight (8) Guests

MEMBERSHIP DUES PAYMENT OPTIONS

PERSONAL CHECK – Made payable to “Daughters of Hawai’i”

CREDIT CARD – Discover, MasterCard, and Visa accepted. Two Options:

Option 1: Call (808) 595-6291 Monday – Friday, 9 AM to 4 PM to pay by phone.

Option 2: Complete Credit Card Authorization below

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: ____/____/____

I authorize the Daughters of Hawai’i to charge \$_____ to the above credit card.

Signature of Credit Card Holder: _____

Please complete a separate form, if you would like to give the gift of membership to a loved one.