



FOHXG MEMBERSHIP FORM

COMPLETED FORM MUST BE RETURNED 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 (with area code):

Work Phone(with area code):

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.

FOR OFFICE USE ONLY: PLEASE LEAVE BLANK.

Payment Received:

- Cash _____
- Check # _____
- Charge _____

Checklist:

- Database _____
- Email _____
- Expiration Date _____
- Welcome Packet _____