

**Aiea Community Association
Membership Application 2024
(2019, rev July 2019)**

Date: _____

Name: _____
(Please print)

Business name _____

Address: _____

Phone number: _____

Email address _____

Membership type:

_____ Annual (\$20)

_____ Semi-annual, after June 30 (\$10)

_____ Lifetime (\$200)

Return to : **Aiea Community Association**
c/o 99-539 Aliipoe Drive
Aiea, HI 96701