

**Aiea Community Association
Membership Application
2025**

Date: _____

Name: _____
(Please print)

Business name _____

Address: _____

Phone number: _____

Email address _____

Membership type:

_____ Student (Free)

_____ Annual (\$20)

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

_____ Lifetime (\$200)

Submit to:
Aiea Community Association
99-539 Aliipoe Drive
Aiea, HI 96701