

**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