

**NA WAHINE O KAMEHAMEHA
MOKU O HAWAII, HELU EKAHI
APPLICATION FOR MEMBERSHIP**

Last Name _____ First Name _____ Middle Name _____

Address _____

Birthdate _____ Marital Status _____ Name of Spouse _____

Email _____ Home Phone _____ Cell Number _____

Contact Preference(s) Email Text Phone

Sponsored by _____

Please write a brief summary of yourself. Include family, talents, interests, positions held in the community or other Royal Societies and Hawaiian Civic Clubs. Please include a separate sheet if necessary:

Please explain why you would like to join and what contributions you are able to make to Na Wahine O Kamehameha, Moku O Hawaii, Helu Ekahi:

I, _____, being a woman of good moral character with a desire to uphold our Hawaiian cultural beliefs, am requesting to be considered as an initiate of Na Wahine O Kamehameha, Moku O Hawaii Helu Ekahi.

I am willing to acknowledge and support the ideals and objectives of our men, who are committed to the preservation and perpetuation of traditional Hawaiian values and culture, and I will endeavor to contribute my knowledge, experiences, and spiritual attributes to enhance our understanding of the qualities of Lokahi, Ohana and Aloha.

Applicant's Signature

Date

Sponsor's Signature

Date

NA WAHINE O KAMEHAMEHA
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APPLICATION FOR MEMBERSHIP

We, the undersigned, report the above applicant as being favorable. We hereby endorse the foregoing applicant as a

___ Regular Member or

___ Associate Member of the Na Wahine O Kamehameha, Moku O Hawaii, Helu Ekahi

Membership Chair

Date

Pu'uku

Date

Kakau 'Olelo

Date

Hope Pelekikena

Date

Pelekikena

Date

Comments:

Date of Approval _____

Scheduled Initiation Date _____

Date Initiated into Membership _____

Application/Initiation Fee

Date Received _____ Amount _____ Cash _____ Check No. _____ Received by _____

NA WAHINE O KAMEHAMEHA
MOKU O HAWAII, HELU EKAHI
Beneficiary Designation

The undersigned member of Na Wahine O Kamehameha, Moku O Hawaii, Helu Ekahi, hereby designates:

Name _____

Relationship _____

Whose address is _____

As her beneficiary, to whom shall be paid all amounts due to said member at the time of her death under the provisions of Article XIX of the Constitution and By-laws of Na Wahine O Kamehameha, Moku O Hawaii, Helu Ekahi.

Na Wahine O Kamehameha, Moku O Hawaii, Helu Ekahi is hereby authorized to pay said amount due to the designated beneficiary herein above named.

Signature of Member

Date