



**Caring for Hawai'i Neonates
Membership Application**

We invite you to join our organization by choosing an option that fits your lifestyle. **Your membership includes an annual membership from January – December. Any membership received after November 1st will include November, December, and a full year renewal for the following year.**

First Name	Last Name
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Professional License No.	Organization/Hospital
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Street Address

City, State, Zip Code, Country

Telephone	Fax
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E-mail Address

FEES – Please check applicable box:

Membership Type:

- New Membership**
- Renewal**

- \$75.00 General Membership (*Our first increase since 2008!*)
- \$95.00 Membership including Koa Tree Planting
- \$100.00 Corporate Membership Annual Fee
- \$50.00 Annual Fee for Active Participation (Active Board Member or Committee Member)

ACTIVE PARTICIPATION OPPORTUNITIES: Reduced membership fee for “Active Participation” donation of talent and time. I am able to offer the following experiences to support the growth of our organization:

METHOD OF PAYMENT:

Please print and fill this form out, then mail with your check payable to “Caring for Hawai'i Neonates” to: Caring for Hawai'i Neonates, P.O. Box 37182, Honolulu, HI 96837.

To pay by credit card, please visit <https://malamaonakeiki.org> and pay online.

You may contact programs@caringforhawaiiineonates or 808-352-0013 for any questions.