



Las Vegas
Hawaiian Civic Club

Las Vegas Hawaiian Civic Club

P.O. Box 29237, Las Vegas, NV 89126-9237 (702)382-6939 (voicemail)

Applicant Information		
Last Name:		First Name:
Date of birth: (DD/MM)	Home Phone:	Secondary Phone:
Current address:		
City:	State:	ZIP Code:
Occupation:	Email:	Anniversary Date: (MM/YY)
Spouse Information		
Last Name:		First Name:
Phone:	E-mail:	Date of Birth: (DD/MM)
Association of Hawaiian Civic Club Information		
What other AHCC clubs are you a member of?		
How did you hear about Las Vegas Hawaiian Civic Club?		
<input type="checkbox"/> Website <input type="checkbox"/> Festival <input type="checkbox"/> Media <input type="checkbox"/> Friend <input type="checkbox"/> Other		
Type of Membership		
Annual Membership: <input type="checkbox"/> Single \$20.00 <input type="checkbox"/> Family \$30.00 <input type="checkbox"/> Corporate \$30.00 <input type="checkbox"/> Supporter \$15.00		
Committee Preferences/Interests: (Check all that apply)		
Constitutions and By-laws <input type="checkbox"/>	Way and Means <input type="checkbox"/>	Budget and Finance <input type="checkbox"/>
Membership and Publicity <input type="checkbox"/>	Ohana Day <input type="checkbox"/>	Na Opio <input type="checkbox"/>
Programs and Conventions <input type="checkbox"/>	Ho'olaule'a <input type="checkbox"/>	Paddling Program <input type="checkbox"/>
Education and Scholarships <input type="checkbox"/>	Outrigger Regatta <input type="checkbox"/>	Other: Please Describe <input type="checkbox"/>
Historian <input type="checkbox"/>	Kupuna Program <input type="checkbox"/>	
Na Mea Hawaii <input type="checkbox"/>	Health Program <input type="checkbox"/>	
Children if membership privileges desired		
Name	Age:	Name
Name	Age:	Name
		Age:
		Age:
For Use by the Las Vegas Hawaiian Civic Club Membership Director		
Paid via: Check Cash	Date:	Membership Packet or Renewal Letter Sent on : _____
Membership Start Date:		Expiration Date:
Membership Renewal Date:	Renewal Expiration Date:	Application Information Current: Y or N