

Aloha Koi Appreciation Society (AKAS)

Membership Application Form For Year _____

Please print legibly and in ink.

Applicant's Name: _____ Date: _____

Applicant #2 Name (must live in same household): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

*Email: _____

*Notices of meetings and any club business will be emailed to members. For those members not having access to email may have hard copies mailed by the U.S. Postal Service for an additional charge.

By signing this membership form I will abide by the By-laws of the Aloha Koi Appreciation Society (hereby known as AKAS) and conduct myself in an appropriate and responsible way when representing the AKAS. I will display good sportsmanship and always consider the safety and welfare of the koi at all times.

Signature of Applicant

Signature of Applicant #2

Date

_____ **Single Membership: \$15 per year**

_____ **Couples in the same household Membership: \$20 per year**

_____ **Junior Membership (individuals up to the age of 18): Free**

_____ *** Additional \$10 for those members who don't have access to email and would like a hard copy mailed by the U.S. Postal Service.**

_____ **TOTAL MONEY ENCLOSED**

Please enclose payment with this application and either mail to:

AKAS
C/O 95-481 Awiki Street
Mililani, HI 96789