

HCTM Membership Application

Name _____
Address _____
City, Zip Code _____
Home Phone # _____
Email: _____
School name/office _____
Position _____
Grade level (if Applicable) _____
Work Phone # _____
Membership status: _____ New _____ Renewal

With this application, please enclose a check made out to HCTM for \$15 (general membership) or \$7.50 (college student).

Send to HCTM, c/o Linda Furuto
 University of Hawaii - West Oahu
 96-129 Ala Ike St., C-104E
 Pearl City, HI 96782