



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Class of: \_\_\_\_\_

Occupation \_\_\_\_\_

**Membership Fee \$25.00**

**Mail Cash or Check (Payable to the Kaiser High School Athletic Foundation) to:**

**Kaiser High School Athletic Foundation  
P.O. Box 25112  
Honolulu, HI 96825**