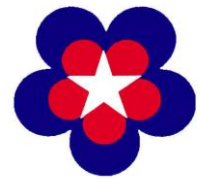


Hawai'i Army Museum Society Membership Application



Contact Information		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	DATE: ___/___/___
Civilian Title or Military Rank				
Name				
Street Address				
City, State, ZIP Code + 4				
Home Phone				
Work Phone				
E-Mail Address				

MEMBERSHIP:	
___ CORPS	\$10,000 +
___ DIVISION	\$5,000 - \$9,999
___ BRIGADE	\$1,000 - \$4,999
___ BATTALION	\$ 500 - \$999
___ COMPANY	\$ 250 - \$499
___ PLATOON	\$ 100 - \$249
___ SQUAD	\$ 50 - \$ 99
___ GI	\$ 25 - \$ 49

Membership dues are tax deductible in the U.S.A.	
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<input type="checkbox"/> CHECK (PAYABLE TO HAWAII ARMY MUSEUM SOCIETY)	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	TOTAL AMOUNT: \$ _____
CARD NUMBER: _____ - _____ - _____ - _____	
EXPIRATION DATE: ___/___/___ CWV: _____	
NAME (Printed): _____	SIGNATURE: _____
Mail this form (and check) to: Hawaii Army Museum Society, P.O. Box 8064, Honolulu, HI 96830-0064	