

MEMBERSHIP APPLICATION
Kamehameha Schools Alumni Association,
Northern California Region

Date_____ Year Graduated_____

Last Name_____ First Name_____ MI_____

Maiden Name _____ Spouse's Name_____

Address _____ City/State_____ Zip_____

Phone (H) _____ Fax_____ Email_____

Please circle appropriate Membership Type

Regular \$20 Associate \$20 Lifetime \$10 (KSBE carded) Student\$0

By Laws - Article V Dues and Fees

Duration of Membership shall be from July 1st to June 30th of the following year.

Annual dues shall be due and payable on July 1, and delinquent on Oct 1.

Make check payable to: KSAA NO. CAL REGION Paid by check No_____

Paid by cash _____

Remit Application and check to: Membership Chairperson
C/o KSAANC
448 8th Avenue, #103
San Francisco, CA 94118