

NAME \_\_\_\_\_

PHONE(S): \_\_\_\_\_

**(Please Print)**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**(City / State)**

\_\_\_\_\_  
**(Zip)**

ANNUAL MEMBERSHIP: \$25.00      ANNUAL DONATION \$ \_\_\_\_\_

**(Membership fee and donations are tax-deductible)**

TOTAL ENCLOSED: \$ \_\_\_\_\_      **Make Check payable to: SCENIC HAWAII, INC.**

**Mail to: SCENIC HAWAII, INC. \* P.O. Box 10501 \* Honolulu, Hawaii, 96816**