



# FOHXG MEMBERSHIP FORM

**Friends of Halawa Xeriscape Garden**  
**P.O. Box 3089**  
**Honolulu, HI 96802**  
**(808) 748-5315**

**Name:**

**Date:**

**Address (include Street, City, Zip Code):**

**Home Phone:**

**Work Phone:**

**E-mail**

**Applying as:**

New Member

Renewal

**Membership Levels and Dues:**

Friend	\$15
Supporting (individual)	\$25
Joint Membership	\$25
Supporting Joint	\$45
Supporting Corporate	\$250
Lifetime Member	\$500

**Volunteer Opportunities:**

- Staffing Visitor Center
- Xeriscape Garden Guide
- Community Outreach Worker
- Plant Sale Worker
- Publicity/Newsletter
- Plant Nursery Volunteer (Propagation)
- Special Projects
- Other (please specify)

**Donations (optional, enter amount below):**

**Total Amount Enclosed (enter amount below):**

Your membership alone is a very worthwhile contribution towards conservation education. If you wish to take a more active role as a member and would like to become a regular volunteer, please let us know by checking the box next to the **volunteer opportunities** that interest you. Please include a completed copy of this form with your remittance to the above address. For more information about FOHXG please email [friendsofhalawa@gmail.com](mailto:friendsofhalawa@gmail.com).

**FOR OFFICE USE ONLY.**

**Payment Received:**

- Cash \_\_\_\_\_
- Check \_\_\_\_\_
- Charge \_\_\_\_\_

**Checklist:**

- Database \_\_\_\_\_
- Email Group \_\_\_\_\_
- Expiration Date \_\_\_\_\_
- Welcome Packet \_\_\_\_\_