

**Aiea Community Association
Membership Application, 2021**

Date: _____

Name: _____
(Please print)

Business name _____

Address: _____

Phone number: _____

Email address _____

Membership type:

_____ Annual (\$20)

_____ Semi-annual, after June 30 (\$10)

**Return to: Aiea Community Association;
Box 2785; Aiea, HI 96701**