



MEMBERSHIP APPLICATION

New
 Renewal

PERSONAL

Name : _____
(Lastname)
(Firstname)
(Mid-Initial)

Address : _____

Home Phone : _____ Cell Phone : _____

Date of Birth (Mo/Day) : _____ e-mail : _____

EMPLOYER

Company Name : _____

Address : _____

Position : _____ Phone No. : _____ Fax No. : _____

EDUCATION

College / University	Degree	Graduation Year
_____	_____	_____
_____	_____	_____

PROFESSIONAL REGISTRATION

Profession	State / Country Registration
_____	_____
_____	_____

MEMBERSHIP CLASSIFICATION (Check one)

Regular / Special
 Associate / Affiliate
 Student
 Honorary

INTERESTS (Check all that applies)

<input type="checkbox"/> Awards	<input type="checkbox"/> Functions / Outings	<input type="checkbox"/> Newsletter / Publication
<input type="checkbox"/> Constitution	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Scholarship / Education
<input type="checkbox"/> Employment	<input type="checkbox"/> Licensing / EIT Review	<input type="checkbox"/> Sports _____
<input type="checkbox"/> Finance	<input type="checkbox"/> Membership	<input type="checkbox"/> Others: _____

Signature : _____ Date : _____

ANNUAL FEES: Please add a one-time fee of Five Dollars (\$5.00) for New applications.

- Regular / Special Members -- \$30.00
- Associate/Affiliate Members -- \$20.00
- Student Members -- \$5.00
- Honorary Members -- Free

Regular/Special Members need to attach a copy of diploma or professional certificate of registration.
 Mail application and a check payable to: **FALEA, P.O. Box 4135, Honolulu, Hawaii 96812**