

Annual Dues:
___ Single - \$10
___ Family - \$15

HAWAII FUKUOKA KENJIN KAI
Re-Established in 1957
Membership Form and Keiro Information

___ New Member
___ Member
Update

Name of Applicant (Mr., Mrs., Ms.)

Last First Middle Spouse Name Dependent(s) Name

Address: _____
Dependent(s) Birth Year: _____

Street City State Zip

E-mail: _____ Home Phone: _____ Mobile Phone: _____

Date of Birth of Applicant (Keiro information recognition purpose only) _____
MM/YYYY Occupation / Business

Date of Birth of Spouse (Keiro information recognition purpose only) _____
MM/YYYY Occupation / Business

Generation of applicant or spouse (please circle) 1 2 3 4 5 6

Place of origin in Fukuoka-Ken, Japan (please circle): applicant, spouse or ancestry _____

If not a descendant of Fukuoka, reason for joining: _____

Hawaii Fukuoka Kenjin Kai membership participation is encouraged. Please choose an area of interest that you would be willing to participate in or offer expertise: _____

- Membership: Membership Development, Welfare/Outreach, Communication/Publicity, Education/Visits
- Cultural & Social: Social Events, Cultural/Craft & Food, Cultural/Education, Ehime Maru, Young Leaders

Consent to photos or video at HFKK events. I consent to the photographs and recordings of my image at HFKK events and grant to HFKK the rights to copy, reproduce and use all or any portion of the said photos or videos for all purposes.

Liability Waiver. In consideration for participating in HFKK meetings and events, I hereby release, waive, discharge and covenant not to sue HFKK, its officers, servants, and agents from any and all liability, claims, demands, actions causes of action whatever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the HFKK, or otherwise, for any and all matters related to HFKK, including but not limited to while participating in events or activities, or while in, on or upon the premises where the event or activity is being conducted or in transportation to and from said premises. I have read this waiver and fully understand its terms

Applicant Name: _____ Signature: _____ Date: _____

Please mail to: Hawaii Fukuoka Kenjin Kai
Attn: Membership Chair
3881 Old Pali Road
Honolulu, HI 96817

HFKK E-mail: hawaiiukuokakenjinkai@gmail.com
URL: www.hawaiiukuokakenjinkai.org

For office use only

Date Application Received: _____ Amount/Date Paid: Chk# _____

Received By: _____

Comments: _____