

## MEMERSHIP APPLICATION

| Please print clearly  |     |
|---|-----|
| NAME:   |     |
| MAILING ADDRESS:  | _   |
| PHONE:  | _   |
| EMAIL ADDRESS:  | _   |
| Please send this application and \$30 dues  | to: |
| RETURN TO:<br>GIOS<br>c/o Tammy Ando, Membership Chair<br>PO Box 717<br>Waimea., HI 96796 |     |