

Soto Mission of Aiea Membership Form 2024



			Mem	bership For	m 2024			
Check one:] Membership	renewal	□ New Member		□ Donation only		on only
Your Name	Mr. Mrs. Ms					Dat	e of Birth _.	
Spouse Name	(circle one)	first	midd	le	last			month / day / year
	home phone #		cel	cell phone #		email address		
	Mr. Mrs. Ms.					Date of Birth		
	(circle one)	first	midd	le	last		•	month / day / year
home phone # Home Address			cel	cell phone #		email address		
Mailing Address				city		state	state zip code	
(if different from above)		street / P.C). Box	city		state	e zip code	
Annual Membership>			→ \$100	\$100 Membership				\$
	Additional —		-> Buildi	ating Fund ing Fund				\$ \$
Contribution			New	Maintenance Fund New Building Construction Fund				\$ \$
			.	r (please spe	* /			\$
□← Check here if you have already submitted your dues Total amount enclosed								\$