

Iolani Guild

c/o Cathedral of St. Andrew
229 Queen Emma Square
Honolulu, HI 96813-2304

Member Registration

Name: _____
Last First Middle

Address: _____
Street Address

City State Zip

Mailing Address (if different from above)

PO Box

City State Zip

Telephone: _____
Home Cell

E-mail: _____

Membership Type: Life Regular

Date Enrolled & Paid (cash/check): _____

Confirmed by: _____

Gender: Kane Wahine

Birthdate: _____
Month Day Year

Member Signature: _____

Date: _____