



PORTUGUESE CULTURE & HISTORICAL CENTER

# MEMBERSHIP APPLICATION

808-784-1234

PCHCORG@GMAIL.COM

94-974 PAKELA STREET, UNIT 104

WAIPAHU, HI 96797

Date: \_\_\_\_\_

## ANNUAL DUES

Yearly Membership: \$25 per Individual OR \$35 per Family (Renewals due by each year-end March 1). Pay for membership dues by mailing payment with the completed application to the address below.

**Note: Year-End New membership will be prorated.**

Please make payment payable to: **PORTUGUESE CULTURE & HISTORICAL CENTER**  
94-194 Pakela Street, Unit 104  
Wai[ahu, HI 96797

## APPLICATION

MEMBERSHIP TYPE  \$25 INDIVIDUAL  \$35 FAMILY (IDENTIFIED AS HUSBAND & WIFE OR SIGNIFICANT OTHER)

### PRIMARY MEMBER INFORMATION

Primary Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth (Month/Day): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Method of Correspondence:  Email  Mail

Joint Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth (Month/Day): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

## MEMBERSHIP AGREEMENT

By signing and submitting this membership form, you agree to the following: I/ We give permission to publish information in the PCHC Member Directory:

Names Only:  Yes  No

Email Address:  Yes  No

Phone Number:  Yes  No

"I am between the ages of 18 years and 78 years, and I understand that if I am accepted as a member of the PORTUGUESE CULTURE & HISTORICAL CENTER, I will abide by the organization's missions, by-laws, guidelines, objective, rules, and regulations."

Signature: \_\_\_\_\_

Primary Applicant

Signature: \_\_\_\_\_

Co-Applicant

PORTUGUESE CULTURE & HISTORICAL CENTER | 94-974 Pakela St., Unit 104 Waipahu, HI 96797

(808)-784-1234 pchcorg@gmail.com | www.portugueseulturehistoricalcenter.org

A 501(C)3 NON-PROFIT ORGANIZATION FEDERAL ID NO. 82-3544651



PORTUGUESE CULTURE  
& HISTORICAL CENTER

# MEMBERSHIP INFORMATION

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**PLEASE TELL US ABOUT YOURSELF AND HOW YOU CAN MAKE A POSITIVE CONTRIBUTION AS A PCHC MEMBER:**

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**WHAT ARE YOUR SKILLS AND INTERESTS? (SELECT AS MANY AS YOU LIKE)**

**PRIMARY/CO-APPLICANT**

- |                          |                          |                                    |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative Support             |
| <input type="checkbox"/> | <input type="checkbox"/> | Art/Crafts/Sewing                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Audio-Visual/Web Design/Computer   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bartending                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Bookkeeping/Financial & Accounting |
| <input type="checkbox"/> | <input type="checkbox"/> | Children/Youth Activities          |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Repairs/Maintenance   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooking/Food Prep/Serving          |
| <input type="checkbox"/> | <input type="checkbox"/> | Event Planning/Decorating          |
| <input type="checkbox"/> | <input type="checkbox"/> | Teaching                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Coaching                           |

**PRIMARY/CO-APPLICANT**

- |                          |                          |                                 |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Fundraising                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Historical Research & Archives  |
| <input type="checkbox"/> | <input type="checkbox"/> | Information Technology/Computer |
| <input type="checkbox"/> | <input type="checkbox"/> | Landscaping/Gardening           |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Counsel                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Marketing & Communications      |
| <input type="checkbox"/> | <input type="checkbox"/> | Music/Entertainment             |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Speaking                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Security                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Dancing                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Writing                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                    |

**May we contact you for possible volunteer participation?**

**Yes**     **No**