



## **2024-2025 H-CLUB MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (business) \_\_\_\_\_ (home) \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

### **MEMBERSHIP LEVEL**

- |                      |                                 |
|----------------------|---------------------------------|
| // Fan (\$50)        | // All-Conference (\$5,000)     |
| // Varsity (\$500)   | // All-American (\$10,000)      |
| // Starter (\$1,000) | // National Champion (\$25,000) |
| // Captain (\$2,500) | // Hall of Fame (\$50,000)      |

### **H-CLUB GIFT**

// I would like to make a tax deductible gift in the amount below. I understand this gift does not earn member benefits.

Gift Amount \$ \_\_\_\_\_

### **PROGRAM SUPPORT** (Option to support a sports program of your choice)

Please direct my contribution in support of \_\_\_\_\_ (e.g. football, women's volleyball, etc.)

### **PAYMENT METHOD**

// Check enclosed (payable to **University of Hawaii**)

// Visa      // MasterCard      // Discover

Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_