



2024-2025 H-CLUB MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (business) _____ (home) _____

Cell _____ Email _____

MEMBERSHIP LEVEL

// Fan (\$50)
// Varsity (\$500)
// Starter (\$1,000)
// Captain (\$2,500)

// All-Conference (\$5,000)
// All-American (\$10,000)
// National Champion (\$25,000)
// 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 _____

Return form to:
Ahahui Koa Anuenue, 1337 Lower Campus Rd., Honolulu, HI 96822