

KOLOA COMMUNITY ASSOCIATION

Membership Application

Make a Difference!

Join the Koloa Community Association

Only \$5 for individual or \$10 for family or business a year will give you the voting power you need to make important decisions that will affect your community. Residents & businesses are welcome as members.

Complete this form to **join**, and **help make the difference**.

New / Renew

Name: _____ **Mail to:**

Address: _____ **Koloa Community Association**

_____ **PO Box 1313, Koloa, HI 96756**

Phone: _____ E-mail: _____

Concerns: _____

Interest: _____

Receipt: Koloa Community Association Membership

Individual / Business

\$5 / \$10

Date:

Remember to enclose your check to the Koloa Community Association