



PO Box 22807  
Honolulu, HI 96823

# Membership Application

Date Application Received: \_\_\_\_\_  
(\$500 New / \$100 Renewal) Application Fee Received: \_\_\_\_\_  
1 Year Annual Dues (\$250) Received: \_\_\_\_\_

## Applicant Information

Club Name (As registered with the DCCA)			
Street Address or PO Box		City	ST HI
Zip		Phone Number	
Club Email Address		Phone Number	
Website Address (if applicable)		Social Media Handles	
		Facebook:	Instagram:
Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal	Employer Identification Number (EIN)	Date Established (MM-DD-YYY)	Non-Profit Status (if applicable) <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Club Number (Preferred)	Club Site (Preferred pending availability)		
Membership status applying for <input type="checkbox"/> Active <input type="checkbox"/> Associate	Club Site (Secondary)		
Club President Name Last	First	Email	
Club Mission / Purpose Statement filed w/DCCA			

## List of Officers

Name	Position	Name	Position
1		5	
2		6	
3		7	
4		8	

## Canoe Inventory (On-Hand) *Please add additional sheets as necessary*

Canoe Name	Make / Model	Serial	Location

## Additional Questions

Does your club have a business checking account already established? (mandatory requirement)  Yes  No  
Why do you want to become a member of the Oahu Hawaiian Canoe Racing Association?

What can your organization bring to OHCRA as a member?

Did you previously belong to another association and if so, what was the its name? \_\_\_\_\_

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being admitted into the Corporation.	Signature	Date
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<b>For Official Use ONLY:</b>	
<b>Application Status</b> Date application received: _____ Date interview conducted: _____ Recommendation to the board: _____ Board Vote and count: _____	<b>Documents Received</b> DCCA Certificate of Good Standing: _____ Copy of Articles of Incorporation: _____ Copy of GE Tax License: _____ Voided Business Check: _____