



PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

Annual Membership Contribution and Renewal Form

Date: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone(s): _____ Fax: _____

Email address: _____

Website: _____

Special Areas of Interest _____

PHOCUSED Membership Dues Structure for July 2010- June 2011 (12 months)

Individual Membership (includes newsletter and lending your name to PHOCUSED efforts)

Annual Dues
\$100

I pledge to pay this amount

(Agency Membership includes newsletter, email updates, discounted advocacy training for consumers and staff, and more)

Agency Budget

Annual Dues

I pledge to pay this amount

Under \$250,000

\$100

Over \$250,000 and under \$500,000

\$250

Over \$500,000 and under \$1 million

\$400

Over \$1 million and under \$3 million

\$800

Over \$3 million and under \$5 million

\$1,200

Over \$5 million and under \$10 million

\$2,000

Over \$10 million and under \$15 million

\$3,000

Over \$15 million

\$5,000

Enclosed is payment to PHOCUSED for \$ _____

Please send your check and completed form to:

PHOCUSED
1188 Bishop St., #1204
Honolulu, HI 96813

For more information, please contact us at:

(808) 521-7462
phocused.hawaii@gmail.com
www.phocused-hawaii.org

For Office Use Only

Date _____

Pmnt _____

