## 2023 KONA HONGWANJI BUDDHIST TEMPLE MEMBERSHIP UPDATE

(V) One only						
New Member	Name:				<del></del>	
Membership Renewal:		Name:				
Please remove r	my name from	your Meml	bership List. Name: _	· · · · · · · · · · · · · · · · · · ·		
I would like to re	eceive NEXT Yi	EAR'S Honpa	a Hongwanji Mission o	f Hawaii Calendar (	(Pick up in Dec.)	
Please update your co	ontact informa	tion below	: IF NO CHANGES F	ROM LAST YEAR, O	CHECK (√) HERE _	
	LAST NAME		FIRST NAME	DATE OF BIRTH	COMMENTS	
HEAD OF HOUSEHOLD						
SPOUSE						
DEPENDENT CHILD						
DEPENDENT CHILD						
Mailing Address:						
City:	State:		Zip Code:			
Home Phone:		Cel	l Phone:			
Email Address:						
Able to Volunteer?: (F	Please circle )	Y / N If Yes	, describe in what way			
	MEMBE	RSHIP PLEC	OGE (Suggested Minim	um Amount)		
Annual Membership P	Pledge (\$210.0	0)			\$	
Members over	· 80 years old (	\$170.00)			\$	
Payment Method:	_In FullS	emi-Annuall	yQuarterly	_MonthlyOt	her	
Donation for Hawaii Kyodan Dues (\$130.00)					\$	
Donation for Kona Hongwanji Capital Fund					\$	
Cemetery Maintenand	ce (Hakasoji) (\$	20.00 per g	grave)		\$	
Columbarium (Nokots		\$				
Other Donation:		\$				
					\$	
Total Amount Englo	sed (Chark Da	vahle to KO	 NA HONGWANJI BUD	DHIST TEMDI E)	\$	

See reverse side to pay by credit card.

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## **CREDIT CARD INFORMATION**

Name on Card:				
Credit Card No		Exp. Date:	CVV No	
Signature:				
FOR OFFICE USE:	DATE PAID:		CASH / CREDIT / CHECK NO	

## **PLEASE RETURN FORM TO:**

Kona Hongwanji Buddhist Temple P.O. Box 769 Kealakekua, HI 96750