

# New Member / Renewal Application

Please complete your name & any relevant changes & return this form with your payment.

Member Name No. 1 \_\_\_\_\_

Member Name No. 2 \_\_\_\_\_

Please check here if there have been no changes to your contact information & return this form with your payment.

**Please only complete those sections below which indicate new/changed information:**

Wailea Address: \_\_\_\_\_

Property: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
(e.g., Ekahi, Elua, etc.)

Wailea Telephone: 808 - \_\_\_\_\_

Mainland Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Mainland Telephone: \_\_\_\_\_

Contact Info	Email Address	Cell Phone
Member # 1		
Member # 2		

Preferred mailing address (check one): Wailea \_\_\_\_\_ Mainland \_\_\_\_\_

Membership Committee Chair:  
Linda Hartley, 879-4379

Please mail this form along with a check for  
**\$35** per property to:

**WPOGC**  
**P.O. Box 1752**  
**Wailea, Hawaii 96753**