

STEH 2017 Membership Form

Parents'/ Guardian Names: _____

Primary email address: _____

Primary phone number: _____ 2nd Phone: _____

Membership Dues:

"Give Aloha!" = \$45 or more (Include copy of your receipt from Foodland) = \$0/family

STEH's Give Aloha Program Number is #78356 (you will need a Maika'i card)

Standard: (If paid after 10/1/2017) = **\$50**/per family

Late: (If received after November 1st) = **\$70.00**/per family

Student Name: _____ Age: _____ Grade: _____

Day School: _____ Suzuki Teacher: _____

Student Name: _____ Age: _____ Grade: _____

Day School: _____ Teacher: _____

Student Name: _____ Age: _____ Grade: _____

Day School: _____ Teacher: _____

Student Name: _____ Age: _____ Grade: _____

Day School: _____ Teacher: _____

**100% of all Membership fees and donations go directly to support the Suzuki Program,
and help make educational opportunities for our students and their community possible.**

Thank you for your generous support of STEH!

2016 Group Lesson Schedule and Membership forms available at stehawaii.org

[Foodland or Check # _____ Amt _____ Date rec'd _____]