

2024 Membership Form

Parent/Guardians:					
Primary email add	ress:				
Primary phone nun	mber:	2nd Phon			
Membership Dues:	We truly appreciate your continued	support of STEH! Join by donating	through Give Aloh	a or by check.	
"Give Aloha!" Don	ation of \$45 up to \$249	(please attach a copy of your	Foodland receip	<mark>t</mark>)	
STEH's Give Aloha	Program Number is #7	8356 (you will need a	Maika'i card)	
Standard: (If payin	ng by check (STEH) before	October 1st) = \$50/per 1	family		
1	only amounts exceeding the me	mbership fee of \$50 are tax-de	eductible		
Mail to: Kysha 1601 Punahoi					
Honolulu, HI					
Student Name:			Age:	Grade:	
Day School:	Suzuki Teacher:	·			
Student Name:			Age:	Grade:	
Day School:	Suzuki Teacher:				
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Day School:	Suzuki Teacher:				
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Day School:	Suzuki Teacher:	<u>-</u>			
100% of all N		irectly to support the Suzuki Progr nunity possible. Thank you for your edule and Membership forms av	generous support	of STEH!	
Foodland	Check #	Amt		Date rec'd	