

**PHHCC Membership Renewal**

**\*Please complete this page and return it with your membership dues to  
PHHCC, P.O. Box 66, Aiea, Hawaii 96701**

**\*Please provide the below information for everyone renewing their membership  
with this payment**

**Member 1:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Text?      Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method to contact?

Text \_\_\_\_\_ Phone call \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_

**Member 2:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Text?      Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method to contact?

Text \_\_\_\_\_ Phone call \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_

**Member 3:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Text?      Yes \_\_\_\_\_ No \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method to contact?

Text \_\_\_\_\_ Phone call \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_