

# COMMUNITY ALLIANCE PARTNERS

## Membership Registration

Given the responsibilities and time commitment of participation in CAP and its committees, I agree to join according to the following category: (check one box)

- Business Membership - \$100.00
- Individual Membership - \$50.00
- Student or Lived Experience Membership - \$5.00
- Associate Membership - \$0.00
- Request for waiver of dues (fee) membership - [Please include the completed waiver of dues form with membership registration if choosing this option]

I have read and understand the CAP commitment and I will commit and respect its spirit as well as its intention. [ ] I will or [ ] will not be the voting member of my agency.

Print Name/Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address/State/ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail your dues and registration form to:**

CAP MEMBERSHIP CHAIR: Philomena Scherling  
16-105 Opukahaia St.  
Kea'au, HI 96749

Please make checks payable to **COMMUNITY ALLIANCE PARTNERS** with *COMMUNITY ALLIANCE PARTNERS 2026 DUES* noted in the memo line.