



The Hawaii Association of Public Accountants

APPLICATION FOR LIFE MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE NO.: _____ DATE: _____

I certify that I qualify for life membership under the following conditions:

1. I am 65 years of age or older.
2. I work less than 1,000 hours per year, and
3. I have been a Regular or Associate Member of the Association for five years.

Signature

Date

For Board Use Only: Approved by the Board of Directors at a Board Meeting on _____.