



*I ulu no ka lala I ke kumu*  
 The branches grow because of the trunk.  
 Without our ancestors we would not be here.

**AHA**

**Association of Hawai'i Archivists  
 Annual Meeting Registration & Membership Renewal**

The Association of Hawai'i Archivists promotes cooperation and exchange of information on the preservation and use of archival and manuscript materials in the State of Hawai'i and beyond. Membership is open to individuals and organizations that are interested in the purposes and endeavors of the Association. Memberships are valid for one calendar year.

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

Institution/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell

Email: \_\_\_\_\_

**AHA 2019 Membership Dues:**

Please select if you are a new member or are renewing:  New Member  Renewal  
 (Membership cycle is based on the calendar year, January to December.)

I would like to be included in the AHA Member Directory:  Yes  No  Name only

Please select a membership category:

- Institutional Membership - \$30  Personal Membership - \$20  Student Membership - \$10 \$ \_\_\_\_\_  
 (Includes one interchangeable delegate) (6+ credits per semester)
- Donation \$ \_\_\_\_\_

**AHA Annual Meeting Registration: (Saturday, February 16, 2019)**

**Postmark Deadline to register: Feb. 1, 2019**

*\*Registration fee includes lunch and morning refreshments.*

- Member - \$40.00  Non-member - \$65.00  Student/Retiree Member - \$25.00 \$ \_\_\_\_\_

**Total Enclosed: \$ \_\_\_\_\_**

If attending the annual meeting, please list any dietary restrictions: \_\_\_\_\_

Please fill out and print this form and mail it with a check, made payable to **Association of Hawai'i Archivists**, to:

Association of Hawai'i Archivists  
 P.O. Box 1751  
 Honolulu, HI 96806

Renewal I P S  
 (Office use only)

Date Received:  
 (Office use only) \_\_\_\_\_

New I P S  
 (Office use only)