APPLICATION FOR MEMBERSHIP IN HAWAIIAN LOMILOMI ASSOCIATION

NAME_____Title_____DATE_____/_____/_____

ADDRESS( ) **work or ( ) home** _____

CITY_____ _____

STATE_____ ZIP_____ COUNTRY _____

TELEPHONE_(h)_____(w)_____(cell)_____

E-MAIL_____ WEBSITE_____

Optional information: Place of birth_____ Gender [ ] M [ ] F

[ ] Yes, please list me on the HLA member website [ ] No, do not list me
List my: [ ] <u>work</u> address, [ ] <u>work</u> telephone, [ ] e-Mail , [ ] cell ( ) website

Please check appropriate membership type

- **Regular Member** [ ] $50 for one year [ ] $200 for five years (***studied with an approved HLA Lomilomi Instructor)**
- **Associate Member** [ ] $50 for one year [ ] $200 for five years (*include documentation from massage schools, workshops, related fields)
- **Corporate Member Sponsor** [ ] $500 for one year [ ] $2250 for five years (for more information contact

[ ]Yes, I am interested in receiving continuing education units/contact hours from HLA for my profession

Signature_____Date_____

Please print this page and include it with your check payable to Hawaiian Lomilomi Assoc. and
*** send photocopies of all certificates received for healing related workshop/classes, including Lomilomi**

Mahalo. Send to:

Hawaiian Lomilomi Association
P.O. Box 2356, Kealakekua, Hawaii 96750-2356