

MEMBERSHIP BENEFITS — JULY 2011—JUNE 2012

ITEM	KĀKO‘O SUPPORTER MIN. \$20-\$99	KIME TEAM \$100-\$249	KA‘I COACHES \$250-\$999	KOA WARRIOR \$1,000-\$2,499	ME‘E HERO \$2,500-\$4,999	ALI‘I CHIEF \$5,000 & ABOVE
Membership card	X	X	X	X	X	X
Rainbowtique 15% Discount Card	X	X	X	X	X	X
Na Koa Bumper Sticker	X	X	X	X	X	X
Na Koa Logo Gift	X	X	X	X	X	X
Na Koa Polo Shirt			X	X	X	X
Aiea School Parking: eligible to purchase (1) pass			X	X	X	X
Recognition on Stadium Jumbotron: (4) times at each home game				X	X	X
Field Passes: (2) for one home game				X	X	X
Aloha Stadium Parking: (1) inner circle pass					X	X
Award Banquet: (4) seats						X
Golf Tournament: (1) three person team						X

UNIVERSITY OF HAWAII®



MEMBERSHIP APPLICATION FORM

MEMBER LEVELS DONATION RANGE

- KĀKO‘O (SUPPORTER) \$20-\$99
- KIME (TEAM) \$100-\$249
- KA‘I (COACHES) \$250-\$999
- KOA (WARRIOR) \$1,000-\$2,499
- ME‘E (HERO) \$2,500-\$4,999
- ALI‘I (CHIEF) \$5,000 & ABOVE

Company Name (if desired) _____

First and Last Name _____

Mailing Address _____

Email (required to receive Nā Koa Benefits) _____

Home Phone _____ Business Phone _____

Membership Contribution Amount: \$ _____

- No membership benefits, I prefer to take the entire Membership Contribution Amount as a tax deduction.
- Renewal* New Member
- Former UH Player? From _____ To _____

*Online membership form available online at www.nakoa.org

PAYMENT OPTIONS:

- Check payable to:
“UH Foundation-NĀ KOA”
Mail To: Nā Koa Football Club
1337 Lower Campus Road
Honolulu, Hawaii 96822
- Fax this form with your credit card information to Nā Koa Office at (808) 956-8473.
Please charge my Membership Contribution Amount to:

Card Type _____ Card Number _____ Exp. Date _____

Name on Card _____ 3 digit CIS# _____

Signature _____

Billing Address _____ City _____ State _____ Zip Code _____