



ORDER FORM

item	# items	price per item	total
Membership:			
Regular	_____	\$25	_____
Senior	_____	\$15	_____
KAILUA Book:			
Retail (Non-Members)	_____	\$40	_____
Member	_____	\$34	_____
Booklets	_____	\$4	_____
Other (note cards, etc.)	_____	_____	_____
TOTAL			=====

Payment by (check one):

Cash \_\_\_\_\_ Check (make out to KHS) \_\_\_\_\_ Credit Card \_\_\_\_\_

**Membership/Credit Card Address Information:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*Note: Meeting Notices, Presentation Notices, Newsletters etc. are sent by e-mail*

**Additional Credit Card Information:**

Name on Card \_\_\_\_\_

Type of card (check one): Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address, if different from below \_\_\_\_\_

Signature \_\_\_\_\_

*You will receive a receipt in the mail when your credit card purchase has been approved.*

Mail to: KAILUA HISTORICAL SOCIETY  
PO BOX 574, KAILUA, HI 96734