



2019 Membership Form

Parent/Guardians: _____

Primary email address: _____

Primary phone number: _____ **2nd Phone:** _____

Membership Dues:

“Give Aloha!” Donation of \$45 - \$249 (attach copy of Foodland receipt) = \$0/family
STEH’s Give Aloha Program Number is #78356 (you will need a Maika’i card)
Standard: (If paying by check (STEH) before October 1st) = **\$50/per family**
Late: (If received after October 1st) = **\$70.00/per family**

Student Name: _____ **Age:** _____ **Grade:** _____

Day School: _____ **Suzuki Teacher:** _____

Student Name: _____ **Age:** _____ **Grade:** _____

Day School: _____ **Suzuki Teacher:** _____

Student Name: _____ **Age:** _____ **Grade:** _____

Day School: _____ **Suzuki Teacher:** _____

Student Name: _____ **Age:** _____ **Grade:** _____

Day School: _____ **Suzuki Teacher:** _____

100% of all Membership fees and donations go directly to support the Suzuki Program, and help make educational opportunities for our students and their community possible. Thank you for your generous support of STEH!

2019 Group Lesson Schedule and Membership forms available at stehawaii.org

Foodland	Check #	Amt	Date rec'd