

Suzuki Association of Hawaii (SAH) Family Membership Form

Student Information

(if more than 2 children, use back of form)

Student's Name: _____ Birth Date: _____

Instrument (circle one): violin viola cello piano

Level (Book 1, 2, 3, etc.) _____

Teacher's Name: _____

Student's Name: _____ Birth Date: _____

Instrument (circle one): violin viola cello piano

Level (Book 1, 2, 3, etc.) _____

Teacher's Name: _____

Parent Information

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Dues & Donation

Membership Dues: \$40 per family

Tax Deductible Donation: \$ _____

Total Enclosed: \$ _____

Please send check for the total amount with this form to:

Suzuki Association of Hawaii
94-1058 Oli Loop
Waipahu, Hawaii 96797