



**WAIALUA COMMUNITY ASSOCIATION  
(WCA)**

66-434 Kamehameha Hwy. Haleiwa, Hi 96712.  
 Phone: (808) 637-4606 Email:  
 wca96712@hawaii.rr.com  
 www.waialuacommunityassociation.org

**Membership Period:**

START: January 1, 2024  
 END: December 31, 2024

**Membership Application**

<input type="checkbox"/> \$10	<b>Basic Membership</b> (one member)	> 1 vote <i>Membership application and fees due by December 31<sup>st</sup> of the previous year.</i>
<input type="checkbox"/> \$150	<b>Non-Profit Organization</b>	> Basic Membership > 1 free car wash event and 1x free meeting room rental up to 3 hours. * <i>Proof of non-profit status is required.</i>
<input type="checkbox"/> \$250	<b>Business</b>	> Basic Membership > Free use of meeting rooms (for a total of up to 10 hours). *
<input type="checkbox"/> \$500	<b>Life Member</b> (one time and non-transferable) Existing Life Members: Please update information and return form for our records.	> Basic Membership > 1x "No-Charge" Party/Event Gym use only. * <i>Security Deposit is required. Event type and date is subject to availability and approval of the Executive Board.</i>

Membership benefits are for the current year and will not be extended or transferred to another entity. Members will be issued a car sticker which will entitle them to 3 hours free parking on paid parking days.  
 \*All free car wash events and/or free use of meeting rooms are subject to availability. PRINT CLEARLY.

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

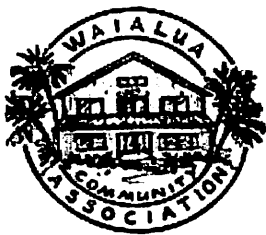
Organization: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Recd. Date:	New <input type="checkbox"/>	Renew <input type="checkbox"/>	Amount:	Receipt no.:
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The mission of the WCA is to serve the entire North Shore community with meaningful educational and recreational programs. The WCA is a gathering place where children, teens, adults and seniors are encouraged to engage in meaningful social activities that support individuals and community.



*"The WCA serves the entire North Shore Community with meaningful educational and recreational programs. The WCA is a gathering place where children, teens, adults and seniors are encouraged to engage in meaningful social activities that stimulate and support individuals and community."*

## Waiialua Community Association General Waiver and Release Form For Year 2023

I \_\_\_\_\_ hereby acknowledge

(The participant or parent/guardian if under 18 years of age)

that there are certain risks/dangers to participants in the named program/activity undertaken in conjunction/cooperation with the Waiialua Community Association (WCA), Board of Trustees, WCA sponsored activity Volunteers, and any participating group sponsored by the WCA or using these facilities. This Waiver expires 12:00 midnight December 31, 2023.

I fully understand that unexpected injuries may arise during such activities sponsored in whole or in part by the WCA. I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity, that the participant may sustain as a result of participating in any program/activity held at the WCA facilities.

I further agree to waive and relinquish all claims the participant may have as a result of participating in this program/activity against the Waiialua Community Association, including their trustees, agents, volunteers, employees and sponsors.

I do hereby release and forever discharge the Waiialua Community Association from any and all claims for injuries or damages.

I further grant and convey unto the WCA all right, title, and interest in any and all photographic images and video or audio recordings made by the WCA during my participation in any activity at the WCA whether sponsored by the WCA or not, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(If participant under 18 years of age)

Signature of Parent/Guardian: \_\_\_\_\_  
Date \_\_\_\_\_

Are you a member of the WCA? Yes \_\_\_\_ No \_\_\_\_ (If not can we interest you in membership?)