

ANNUAL MEETING RESERVATION FORM

PAYMENT TOTALS

ACCOUNT NO. _____

PHONE NO. _____

NAME

Member

Non-member

Child

_____ MEMBERS X \$35 =

\$ _____

_____ NON-MEMBERS X \$70 =

\$ _____

_____ CHILD(REN) X \$20 =

\$ _____

TOTAL \$ _____

Check enclosed

Please debit my account no. _____

SIGNATURE _____

Make checks payable to: Hawaii Central Federal Credit Union. **Drop off or mail to:** Hawaii Central FCU, ATTN: Annual Meeting, 681 S. King St., Honolulu, HI 96813. RSVP by March 4, 2024. Refunds will only be given if credit union is notified of cancellation by March 4, 2024.