

Hawai'i Feathered Friends Network

Parrot Education · Rescue · Community · Support | Honolulu, Hawai'i

501(c)(3) Nonprofit Organization

MEMBERSHIP APPLICATION

1. MEMBER INFORMATION

Full Name	
Date of Application	<i>MM / DD / YYYY</i>
Date of Birth	<i>MM / DD / YYYY</i>
Occupation	
Work Phone	
Cell Phone	
Email Address	
Home Address	
City / Island	
State & Zip Code	

2. ADDITIONAL FAMILY MEMBERS

For Family memberships, please provide the name and contact information for each additional adult member.

Adult Member Name	
Work Phone	
Cell Phone	
Email Address	
Children's names and ages (if applicable)	

3. YOUR BIRDS

Tell us about the birds currently in your care. This helps us understand your experience and tailor educational resources for you.

Do you currently own birds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes — species, names, and how long you have had them:	
What drew you to parrots, and what are your goals as an HFFN member?	

4. MEMBERSHIP TYPE — PLEASE SELECT ONE

Standard Membership

	Membership Level	Annual Dues	Notes
<input type="checkbox"/>	Student	\$25	per year valid student ID required
<input type="checkbox"/>	Senior	\$20	per year age 62+
<input type="checkbox"/>	Single	\$40	per year
<input type="checkbox"/>	Family	\$55	per year see Section 2 for family members
<input type="checkbox"/>	Lifetime	\$3,000	one-time payment

Sustaining Member

★ Sustaining Members provide the financial foundation for HFFN's long-term goal of establishing a dedicated facility on O'ahu. Your contribution supports bird rescue, rehabilitation, and educational programming beyond what standard dues can fund. Sustaining contributions are tax-deductible to the extent permitted by law.

Sustaining Level		Annual Gift	
<input type="checkbox"/>	Bronze	\$250	<i>per year</i>
<input type="checkbox"/>	Silver	\$500	<i>per year</i>
<input type="checkbox"/>	Gold	\$1,000	<i>per year</i>
<input type="checkbox"/>	Platinum	\$2,500	<i>per year</i>
<input type="checkbox"/>	Diamond	\$5,000	<i>per year</i>

5. PAYMENT

Payment Method	<input type="checkbox"/> Check (payable to HFFN) <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____
Amount Enclosed	\$ _____
Check Number	(if applicable)

6. CERTIFICATION & SIGNATURE

By signing below, I confirm that all information provided is accurate and complete. I agree to abide by the bylaws, policies, and code of conduct of the Hawai'i Feathered Friends Network. I understand that membership dues are non-refundable and that my membership is subject to renewal annually (where applicable).

<i>Signature</i>	<i>Date</i>

FOR HFFN STAFF USE ONLY — DO NOT RETURN TO APPLICANT

<input type="checkbox"/>	Membership dues received
<input type="checkbox"/>	Interested in adopting through HFFN
<input type="checkbox"/>	Adoption application completed and on file
<input type="checkbox"/>	Home inspection completed
<input type="checkbox"/>	Outer island — inspection coordinated through HFFN contact
<input type="checkbox"/>	Vet referral on file

Home inspection conducted by	
Inspection date	
Membership approved by	
Approval date	
Membership level assigned	
Notes / follow-up items	