

DOCUMENTS CAPTURED AS RECEIVED

~~November~~ 16, 1979

Mr. Rich Porter

Aloha Mr. Porter:

On behalf of the Board of Directors of the POLYNESIAN VOYAGING SOCIETY, I would like to take this opportunity to thank you for your generous contribution.

As a small token of appreciation, you have been enrolled as a member of the Society as a Hoe wa'a or paddler for the period of November 1979 through ~~November~~ 1980.

Again, mahalo for your support and welcome to the o'hana. Look forward to meeting you in January.

Me ke aloha pumehana,

Marlene Among
Administrative Secretary

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MEMBERSHIP APPLICATION

I would like to join the Polynesian Voyaging Society in the following membership category.

- | | |
|---|--------|
| <input type="checkbox"/> Hoe wa'a (paddler) student | \$ 2 |
| <input checked="" type="checkbox"/> Hoe wa'a (paddler) adult | \$ 10 |
| <input type="checkbox"/> Holokahiki (sailor) | \$ 15 |
| <input type="checkbox"/> Kalai wa'a (canoe maker) | \$ 25 |
| <input type="checkbox"/> Uli (steersman) | \$ 100 |
| <input type="checkbox"/> Kahuna Kalai wa'a (master canoe maker) | \$ 250 |
| <input type="checkbox"/> A'o hoku (astronomer) | \$ 500 |
| <input type="checkbox"/> Makua Mea lokomaika'i (benefactor) | \$1000 |

(All contributions tax deductible)

(Annual memberships are renewable on your anniversary date. Renewal notices will be mailed.)

CHILDRENS BOOK PROJECT

I would like _____ Set(s) of Children's Books

I would like _____ Copy(s) of the Teacher's Guide

Members/ Teachers	General Public	
\$6.00	\$10.00	Per set amount
2.50	5.00	Per copy amount
.50	.50	Per set shipping

*Not
needed
letter*

Tax on above @ 4% plus Shipping and Handling.

Paid by: Check _____ Cash _____ Purchase Order _____

My name Rich Porter

Home Address 11

City, State and Zip _____

School _____

School Address _____

City, State and Zip _____

Home Phone _____

School Phone _____

Category _____

Amount Enclosed \$10.00 (For Membership)

Occupation Supply Analyst of the Federal Reserve

Money system

Make check payable to:
POLYNESIAN VOYAGING SOCIETY
Bishop Museum Arts & Crafts Bldg.
P.O. Box 6037
Honolulu, Hawaii 96818
Phone: 841-3966

PARTICIPATE ON OUR SERVICE BOARD

The function of the Service Board is to establish a system for securing volunteer workers for specific projects, and to provide unique volunteer opportunities for members who wish to work actively for the Society in a special endeavor. Volunteers are the life force of the Polynesian Voyaging Society.

Please fill out the form below and mail it back to the office.

Name _____

Address _____

City, State, Zip Code _____

Occupation _____

Skills, professional licenses, etc. _____

Hobbies, interests, etc. _____

I _____ am willing to volunteer
_____ am not able to volunteer
_____ on a regular basis,

_____ days, hours

_____ for a specific project, call me at _____
phone number

I am willing to help

_____ office
_____ Hokule'a
_____ events

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Sample

POLYNESIAN VOYAGING SOCIETY



You are invited to join the POLYNESIAN VOYAGING SOCIETY, a non-profit community group open to everyone. Donations and membership fees are tax deductible.

MEMBERSHIP CATEGORIES

- | | |
|---|--------|
| <input type="checkbox"/> Hoe wa'a (paddler) student | \$2 |
| <input type="checkbox"/> Hoe wa'a (paddler) adult | \$10 |
| <input type="checkbox"/> Holokahiki (sailor) | \$15 |
| <input type="checkbox"/> Kālai wa'a (canoe maker) | \$25 |
| <input type="checkbox"/> Uli (steersman) | \$50 |
| <input type="checkbox"/> Ho'okele wa'a (navigator) | \$100 |
| <input type="checkbox"/> Kahuna Kālai wa'a (master canoe maker) | \$250 |
| <input type="checkbox"/> A'o hōkū (astronomer) | \$500 |
| <input type="checkbox"/> Makua mea lokomaika'i (benefactor) | \$1000 |

MEMBERSHIP APPLICATION

NAME	<u>Patricia Purvis</u>		
ADDRESS	_____		
STATE	<u>Minnesota</u>	ZIP	_____
CATEGORY	AMT. ENCLOSED		<input type="checkbox"/> YES
OCCUPATION	VOLUNTEER		<input type="checkbox"/> NO
SPECIAL SKILLS	PHONE _____		

\$200?

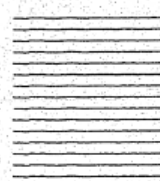
BUSINESS REPLY MAIL

no postage stamp necessary if mailed in the United States

postage will be paid by

**POLYNESIAN VOYAGING SOCIETY
P.O. BOX 6037/ BISHOP MUSEUM
HONOLULU, HAWAII 96818**

**FIRST CLASS
PERMIT NO. 4429
HONOLULU**



sample

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| <input type="checkbox"/> Makua mea lokomaika'i (benefactor) | \$1000 |

MEMBERSHIP APPLICATION

NAME Lani L. Carlson
 ADDRESS _____
 STATE Duluth, Minn. ZIP 55811
 CATEGORY _____ AMT. ENCLOSED _____
 OCCUPATION _____ VOLUNTEER ☐ YES ☐ NO
 SPECIAL SKILLS _____ PHONE _____

October 12, 1979

Ms. Jeanne Baker

Aloha Ms. Baker-

On behalf of the POLYNESIAN VOYAGING SOCIETY and the Board of Directors, I would like to take this opportunity to thank you for your generous contribution.

As a small token of appreciation, you have been enrolled as a member of the Society as a Hoe wa'a or student paddler for the period of September 1979 to September 1980.

Again, mahalo for your support and welcome to the ohana.

Me ke aloha pumehana,

Marlene Among
Administrative Secretary

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MEMBERSHIP CATEGORIES

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|-------------------------------------|--|--------|
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| <input type="checkbox"/> | Kālai wa'a (canoe maker) | \$25 |
| <input type="checkbox"/> | Uli (steersman) | \$50 |
| <input type="checkbox"/> | Ho'okele wa'a (navigator) | \$100 |
| <input type="checkbox"/> | Kahuna Kālai wa'a (master canoe maker) | \$250 |
| <input type="checkbox"/> | A'o hōkū (astronomer) | \$500 |
| <input type="checkbox"/> | Makua mea tokomaika'i (benefactor) | \$1000 |

MEMBERSHIP APPLICATION

NAME CAROLE CICMIL
 ADDRESS [REDACTED]
 STATE Hopping, Mn. ZIP [REDACTED]
 CATEGORY Student AMT. ENCLOSED 2.00
 OCCUPATION Teacher VOLUNTEER ☐ YES ☐ NO
 SPECIAL SKILLS [REDACTED] PHONE [REDACTED]

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| <input type="checkbox"/> Kālai wa'a (canoe maker) | \$25 |
| <input type="checkbox"/> Uli (steersman) | \$50 |
| <input type="checkbox"/> Ho'okele wa'a (navigator) | \$100 |
| <input type="checkbox"/> Kahuna Kālai wa'a (master canoe maker) | \$250 |
| <input type="checkbox"/> A'o hōkū (astronomer) | \$500 |
| <input type="checkbox"/> Makua mea lokomaika'i (benefactor) | \$1000 |

MEMBERSHIP APPLICATION

NAME Nancy Whetzel
 ADDRESS [REDACTED]
 STATE Minnesota ZIP 55433
 CATEGORY Hoe wa'a AMT. ENCLOSED 2.00
 OCCUPATION Teacher VOLUNTEER ☐ YES ☒ NO
 SPECIAL SKILLS Tom Rindler PHONE _____

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| <input type="checkbox"/> Makua mea lokomaika'i (benefactor) | \$1000 |

MEMBERSHIP APPLICATION

NAME Jeanne BakerADDRESS /STATE NCATEGORY Hoe wa'a AMT. ENCLOSED 2OCCUPATION TeacherVOLUNTEER ☐ YES ☒ NOSPECIAL SKILLS TrainerPHONE /Director

See Miss
Stewart
check