One Vision, One Voice
Supporting Advocacy, Independence and Choice
Membership Sign-Up Form

First Name: __________________ Last Name: __________________
Address Street Name and Number: ____________________________
Apartment or Unit Number/Letter: _________or P.O. Box Number: _____
City: __________________ State: Hawaii Zip Code: _________
Home Phone Number: _________________Cell Phone Number: _________
Email Address: __________________________________________

Circle Yes or No - Do you attend a day program? Yes No

If yes, what is the name of program? __________________________

Circle Yes or No - Are you a member of another advocacy group? Yes No

If yes, what is the name of the advocacy group? ________________

Please Mail the completed form to: Self-Advocacy Advisory Council
1010 Richards St., #122
ATTN: Zosimo Arista, Program Specialist
Honolulu, Hawai‘i, 96813

Or Email the completed form to: zosimo.arista@doh.hawaii.gov

Or Fax the completed form to: 1(808) 586-7543

SAAC President: Timothy Renken Email: timothyrenken9@gmail.com Website: http://hisaac.org Phone: 586-8100