

**Must be received by,
4:00PM, May 13, 2024**

**‘AHA IKI
STATE COUNCIL OF HAWAIIAN CONGREGATIONAL CHURCHES
2024 Annual Business Meeting
June 13, 2024, 9:00am -2:00pm Central Union Church**

NAME: _____

CHURCH/ORGANIZATION: _____ ISLAND: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____ / _____
HOME CELL

EMAIL ADDRESS: _____

Check on ONE of the following:

- I am an eligible *authorized* voting delegate to the Annual Meeting
 I am a non-voting visitor at the Annual Meeting

Voting Delegates only – Check ONE indicating the primary eligibility group to which you belong:

1. Lay church delegate, duly elected by my congregation
 2. Youth/Young adult church delegate (I am ___ years old), duly elected by my congregation
(*must be 25 years of age or younger*)
 3. Authorized (Ordained, Licensed, Commissioned) minister w/current standing in _____
 4. Board of Directors
 5. Partnership Ministry Representative from the Pū‘ā Foundation

If you would like a printed copy of the SCHCC handbook, please check here _____

Fees for the SCHCC Annual Meeting

This form and payment must be received by 4:00pm on May 13, 2024

(Registration for the ‘Aha Makua is on a separate form)

Make checks payable to SCHCC.....\$75

FREE DANIEL K. INOUE AIRPORT PICK-UP and RETURN for the SCHCC Annual Meeting

This information must be turned in by May 13 to ensure pick-up.

Arrival Date ____/____/____ Airline _____ Flight # _____ AM/PM
(Thursday, June 13, your flight must arrive by 7:45 am for airport pick-up)

Depart Date ____/____/____ Airline _____ Flight # _____ AM/PM
(We cannot guarantee transportation after 2 p.m. on Saturday, June 15)

Register on-line registration at <https://ezregister.com/events/40284/> or mail this form along with full payment to:
SCHCC c/o Hawaii Conference UCC, 700 Bishop Street, Suite 825, Honolulu, Hawai‘i 96813

PLEASE COMPLETE BOTH SIDES

Necrology Form

Please provide the names of members who died between June 2023 and May 2024. A list will be compiled, and names published in the SCHCC Handbook.

Name (please print):

Date of Death:

Church: _____

Submitted by: _____

Island: _____

Date: _____

PLEASE COMPLETE BOTH SIDES