

**2025 'AHA NĀ KAI 'EWALU REGISTRATION FORM**  
**Annual Business Meeting**  
**June 12, 2025**

NAME: \_\_\_\_\_

CHURCH/ORGANIZATION: \_\_\_\_\_ ISLAND: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
BUS HOME CELL

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (name & phone): \_\_\_\_\_

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**Check only ONE of the following:**

☐ I am an eligible *authorized* voting delegate to the 'Aha Nā Kai 'Ewalu representing (*check all that apply*)  
☐ AHEC ☐ CE-HI ☐ SSSA

☐ I am a non-voting visitor at the 'Aha Nā Kai 'Ewalu

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  
☐ 3. Authorized (Ordained, Licensed, Commissioned) minister w/current standing in \_\_\_\_\_  
☐ 4. Retired minister with standing in \_\_\_\_\_  
☐ 5. Board of Directors of ☐ AHEC ☐ CE-HI ☐ SSSA (*check one*)  
☐ 6. Partnership Ministry Representative in \_\_\_\_\_

**Fees for the 'Aha Nā Kai 'Ewalu 2025**

(Registration for the 'Aha Makua and State Council of Hawaiian Congregational Churches are on a separate form.)

**'Aha Nā Kai 'Ewalu (Make checks payable to AHEC) \$ 95.00 \$ \_\_\_\_\_**

Online Payment: Registration and credit card payment can be done online at <https://ezregister.com/events/41885/>

**AIRPORT PICK-UP AND RETURN FOR THE 'Aha Nā Kai 'Ewalu 2025**

**IMPORTANT: THIS INFORMATION MUST BE TURNED IN BY MAY 12, 2025, TO ENSURE PICK-UP.**

Arrival \_\_\_\_/\_\_\_\_/\_\_\_\_ Airline/Flight \_\_\_\_/\_\_\_\_ AM/PM

(On Thursday, June 12, 2025, your flight must arrive by 7:30 am at the latest for airport pick-up)

Departure \_\_\_\_/\_\_\_\_/\_\_\_\_ Airline/Flight \_\_\_\_/\_\_\_\_ AM/PM

[ ] I will need airport pickup.

[ ] I will not need airport pickup.

Mail this form with full payment by MAY 12, 2025, to:

'Aha Nā Kai 'Ewalu Registration, HCUCC, 700 Bishop Street, Suite 825, Honolulu, HI 96813

**PLEASE COMPLETE BOTH SIDES**

# Necrology Form

Please provide the names of members *(who were previously delegates or participated in 'Aha programs)* who died between June 2024 and May 2025. A list will be compiled, and names published in the 'Aha Nā Kai 'Ewalu Handbook.

**Name (please print):**

**Date of Death:**

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**Church:** \_\_\_\_\_

**Association:** \_\_\_\_\_

**Island:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**