

# SPECIAL OFFER FOR THE MEMBERS, STAFF AND FAMILIES OF HAWAII STATE BAR ASSOCIATION

# SAVE 4 CENTS PER GALLON



Join the Hawaii State Bar Association Affinity Program by completing the application below.

## **NO REGISTRATION FEE!**

*Join now and we'll waive the one-time \$5 registration fee!*

### CARD APPLICATION AND AGREEMENT

for 30-day charge account

Name (Last, Middle, First) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name of Organization/Association \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_

own  rent  live with parents

Present Housing \_\_\_\_\_ Name and address of nearest relative NOT living with you \_\_\_\_\_

Your Employer \_\_\_\_\_ Years employed \_\_\_\_\_ Occupation \_\_\_\_\_

Bank/Credit Union Reference \_\_\_\_\_

Number of Vehicles in Household \_\_\_\_\_ Name on Card #1 \_\_\_\_\_ Name on Card #2 \_\_\_\_\_

I have answered the questions on this application fully and truthfully. All the information I have provided is correct and I authorize you to investigate my credit record and confirm statements I have made. By signing below, I consent to permit my bank or credit union to release information to you on my account(s). This application is your property and I understand you will retain it whether or not I receive the credit I have asked for.

**Credit Information.** I authorize you to investigate my credit record and I understand you may obtain a consumer report about me. Upon inquiry from me to you at your address listed below, you will inform me if a consumer report was requested by you or received by you. If such a report was requested or received, you will, in response to my inquiry, inform me of the name and address of the consumer reporting agency which furnished the report. I further understand that if I receive a Club Card, you may later request consumer reports on me in connection with use of my account. I authorize you to furnish information about my account to credit reporting agencies and others who may properly receive such information.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### PLEASE NOTE THE FEES AND PAYMENT REQUIREMENTS:

I'm an existing Save-A-\$ Club cardholder and wish to convert my membership to the Hawaii State Bar Association Gas Card Program. Check Here \_\_\_\_\_

All charges made on this charge card are due and payable when you receive your statement.

Information about the cost of the *Affinity Card* in this application is accurate as of March 2008. This information may change after that date. To find out what may have changed, write us at SAVE-A-\$ CLUB@ P.O. Box 500, Honolulu, Hawaii 96809-0500. Send no payment with application. A charge of one dollar (\$1.00) per card will be billed to your account when more than two (2) cards are requested.

**Please mail completed application to: Aloha Petroleum, Ltd., P.O. Box 500, Honolulu, HI 96809**



*"It's not just our name, it's our spirit"*

Annual Fees	Transaction Fee for Purchase	Fees for Paying Late
Annual Fees: None Membership Fee: \$5 one-time only	None	Late Payment Fee: 1½% per month on Average Daily Balance for prior Billing Period

For additional information and on-line application go to Member Benefits on the HSBA website at <http://www.hsba.org>

Please call Paul Brencick, Affinity Program Manager, Aloha Petroleum Ltd. at 522-9700 x742 or via email at [pbrencick@alohagas.com](mailto:pbrencick@alohagas.com) with questions.