



**HAWAII TIME SHARE
EXCHANGE**

Membership Application

Name: _____
Last First MI

Address: _____

City State Zip Code

Home Phone#: Business Phone#:

E-mail Address: FAX#:

Please enroll me for the following:

- One-year membership \$49
- Three-year membership \$125
- Five-year membership \$199
- Other. Specify: _____

Method of Payment:

- Visa/ MasterCard
- Discover Card
- Diners Club
- Check/ Money Order

Card Number Exp. Date

Cardholder's Signature

I/we agree to become a Hawaii Time Share Exchange Member and agree to be bound by the current Terms & Conditions of Hawaii Time Share Exchange Membership.

Member(s) Signature

FAX back to HTSE #808-742-0128