



ONLINE REGISTRATION ACCESS FORM

NAME (PRIMARY Head of Household): _____

Only the primary household member will be accepted.

Property Address _____

Email Address _____

Only one email per household

SIGNATURE _____

DATE _____

PHONE _____

STAFF INITIAL _____ DATE _____

MAIL Mililani Town Association
95-303 Kaloapau Street
Mililani, Hawaii 96789
Attention: IT Department

DROP OFF Admin Office
Recreation Center 3 or 7 Business Office

EMAIL support@mililanitown.org

FAX 808-623-3474