

BOARD AND COMMISSION APPLICATION FORM

Name:Kapu	() A)		Jonah (First)		(Full Middle Name
(Last) City of Residence: <u>Lahaina</u>			(r mst)	Island Maul	(F dir Wickdie Genti
Current Employe	r & Position; Cul	tural coordina	ator/ Na Aikane o Ma	aui Inc.	
Business 808-661-1347		Business Fax:		Business Email kapukapuakea@gmail.com	
Please indicate w	hy you are inte	rested in serv	ring and what skills y	you may have to contribute:	
To incorporate tra				laui CCRC, State Burial Council.	
I have serve on b	ioarus anu com		le past. County of W	au CONO, State Bullar Coolicit.	
Employment Histo From	ory: To				
2001	2004		cultural advisor f	or the Friends of Moku'ula	
2005	2010		Hui o Wa'a Kaulu	ua	
2009	2023		Na Aikane o Mau	ui Inc.	
olitical Affiliation:	None (ameno	led)			
olitical Affiliation: ection 13-2(2) of the C plitical party: therefore	Charter, County of I	Maui, requires th	at not more than a bare	majority of members of a board or comm ber of a political party. If not, indicate "Ne	nission belong to the same one."
ection 13-2(2) of the C olitical party; therefore	Charter, County of I e, please indicate if	Maui, requires th you are a registe	ered/card carrying memb	majority of members of a board or comm ber of a political party. If not, indicate "Ne	nission belong to the same one."
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