

Hamakua Country Club, Lmt.

P.O. Box 751

Honoka'a, HI 96727

Ph. 808-775-4428

Date: _____

BOARD OF DIRECTORS:

I hereby submit my application for membership of the Hamakua Country Club. My **Monthly** dues have been paid in advance. In the event that my application is rejected, my payment will be refunded in full.

Amount enclosed: \$_____

Monthly Membership: \$60.00

Signature

Print Name

Proposed By: _____

Mailing address

Seconded By: _____

City, Zip Code

Accepted ____ Rejected____

Date_____

Phone number

Email address