

ROTARY CLUB OF METROPOLITAN HONOLULU

FOR OFFICIAL USE ONLY:
 Orientation _____
 Publication _____
 Introduction _____
 Badge No _____

Transfer from _____ Rotary Club First-Time Member Returning Metro Member

Full Name

Preferred Name

Business Title

Type of Business

Business Phone / Fax

Business Name and Address

Describe Primary Responsibilities in His/Her Business

Email Address

Home Address

Home Phone / Other Phone

Organizations / Associations / Memberships

Birthday

Name of Spouse

Three references and phones numbers. NOTE: if this section is not complete, this application will be returned.

Name of Reference

Company

Business Phone

Email

Relationship

SPONSOR: _____ Phone: _____ Email: _____

PRIOR TO BOARD ACTION:

Category (Group)

Proposed Classification

Status

1. Reference Committee Action Taken (Check One):

Eligibility Recommended

Chairman's Signature

Date

Eligibility Not Recommended

Chairman's Signature

Date

2. Classification Committee Action Taken (Check One):

Classification Recommended

Chairman's Signature

Date

Classification Not Recommended

Chairman's Signature

Date

2. Membership Committee Action Taken (Check One):

Eligibility Recommended

Chairman's Signature

Date

Eligibility Not Recommended

Chairman's Signature

Date

Comments if not recommended:

Please Send your Application to:
 Metro Rotary

PO Box 179364 • Honolulu HI 96817 • Ph: 847.0147 • Fax: 1-866-583-3798 • Email: nicole@metrorotary.org