

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	_____	_____
Eligibility Not Recommended	Chairman's Signature	Date
	_____	_____
	Chairman's Signature	Date

2. Classification Committee Action Taken (Check One):

Classification Recommended	_____	_____
Classification Not Recommended	Chairman's Signature	Date
	_____	_____
	Chairman's Signature	Date

2. Membership Committee Action Taken (Check One):

Eligibility Recommended	_____	_____
Eligibility Not Recommended	Chairman's Signature	Date
	_____	_____
	Chairman's Signature	Date

Comments if not recommended: _____