



**ROTARY CLUB OF HONOLULU SUNRISE**

Please Send To: Rotary Club of Honolulu Sunrise

PO Box 1317

Honolulu, HI 96807

Ph: 847-0141

Email: rotary.honolulusunrise@gmail.com

For Office Use Only
Publication _____
Orientation _____
Introduction _____
Badge Number _____
Mentor _____

\_\_\_\_\_ Full Name \_\_\_\_\_ Preferred Name on Badge

\_\_\_\_\_ Business Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Business Phone

\_\_\_\_\_ Business Name and Address \_\_\_\_\_ Business Fax Number

\_\_\_\_\_ Describe Proposed Member's Primary Responsibilities in His/Her Business

\_\_\_\_\_ Name of Spouse \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthdate

\_\_\_\_\_ Organizations/Associations/Memberships \_\_\_\_\_ E-Mail Address

**Three references and phone numbers (should be Rotarians if possible.) This section must be complete.**

<u>Name of Reference</u>	<u>Business Phone</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
_____	_____	_____

\_\_\_\_\_ Date \_\_\_\_\_ Proposer \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone

**PRIOR TO BOARD ACTION:** \_\_\_\_\_

\_\_\_\_\_ Category (Group) \_\_\_\_\_ Proposed Classification \_\_\_\_\_ Status

1. Classification Committee Action Taken (Check 1)

\_\_\_\_\_ Classification Available \_\_\_\_\_ Chairman's Signature \_\_\_\_\_ Date

\_\_\_\_\_ No Classification Available \_\_\_\_\_ Chairman's Signature \_\_\_\_\_ Date

2. Membership Committee Action Taken (Check 1)

\_\_\_\_\_ Eligibility Recommended \_\_\_\_\_ Chairman's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Eligibility Not Recommended \_\_\_\_\_ Chairman's Signature \_\_\_\_\_ Date

Comments if not recommended: \_\_\_\_\_