

**PUKALANI COUNTRY CLUB**  
**KAMA'AINA 12 MONTH MEMBERSHIP APPLICATION**

MEMBERSHIP PERIOD: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME ADDRESS (STREET ADDRESS IS REQUIRED): \_\_\_\_\_

CLUB AFFILIATION: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (work) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (providing your e-mail address will qualify lucky drawing to win a free round of golf certificate)

\*Attach a copy of Valid Hawaii Driver License with local address as proof of residency.

I hereby apply for "Kama'aina 12 Month Membership" and agree to abide by the rules and guidelines as set forth in Pukalani Country Club Kama'aina 12 Month Membership Program.

\*Date: \_\_\_\_\_ \*Signature: \_\_\_\_\_

Requester/Purchaser

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(OFFICE USE ONLY)

DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

TYPE OF PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_

ISSUED CARD NUMBER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_