

**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)

When we process your membership application and accept payment, you will need to present a valid Hawaii Driver License or State of Hawaii issued identification to demonstrate 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: \_\_\_\_\_

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(OFFICE USE ONLY)

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

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

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

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

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