

I would like to be included  
as a member of  
HAWAII FULL SERVICE RESTAURANT OWNERS

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Authorized by: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

**FAX REPLIES TO: (808) 488-6912**