



ARCS Foundation, Inc.®
Honolulu Chapter

Recommendation for Membership

Candidate's Name: _____

Title: _____

Candidate's Occupation: _____

Address: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Spouse's Name (Optional): _____

Professional or Civic Activities: _____

Applicable Qualities or Skills: _____

For Board Use

Sponsor 1: _____

Sponsor 2: _____

Date Submitted: _____

Date Approved: _____

Notification: _____