



General Membership Application

General Information:

Name: _____
Last
First
M.I.

Address: _____

Cell Phone: _____ Home Phone: _____ Gender (circle): M F

Date of Birth (MM/DD/YYYY): _____

UH E-mail: _____@hawaii.edu Class Standing: _____

Emergency Contact: Name: _____ Phone: _____

Major: _____ Emphasis: _____

What area of the industry are you interested in? _____
 (i.e. Sales, HR, Events/Banquet)

Membership (circle): Semester: \$15 Year: \$20

Would you prefer events to be held on (circle): Weekdays Weekends

If chosen as outstanding member of the month for outstanding participation, would you like to be featured on the TIMSA website, Facebook page? Yes No

(Optional) To help us keep further in touch with you Facebook: _____

Do you drive? Yes No If yes, are you willing to drive others? Yes No

As a member of TIMSA, I agree to participate in sponsored activities and events throughout the duration of my membership. Also, I acknowledge that in TIMSA I will be representing not only the TIM School, but the University of Hawaii at Mānoa and will be responsible for my actions.

 Signature

 Date

Please list times you are FREE to attend meetings/events:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Class Schedule:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Suggestions for:

Socials:

Workshops:

Site Inspections:

Community Service:

Fundraisers:

Thank you very much for filling out the application. We look forward to having you, and we welcome you to a club where people can share the same likes and interests of the industry together.

TO BE FILLED OUT BY RECEIVING OFFICER

Dues and application received by: _____ Date: _____

Amount: _____ Receipt #: _____ Membership: Semester Year