



MAINLAND ADVISORY COUNCIL MEMBERSHIP APPLICATION

I/We, _____, desire membership in the Hawaii Baptist Academy, Mainland Advisory Council. I have received and agree to adhere to the by-laws of this organization and accept the following responsibilities of membership:

- Assist Hawaii Baptist Academy to accomplish her long-range plans as a quality Christian school.
- Assist in locating and securing support for and in giving support to present and future programs of the school.
- Make recommendations to the President of the school and the Hawaii Baptist Academy Board of Directors for the betterment of the school.

Signature: _____ Date: _____

Referred by: _____

Please submit, along with your Biographical Information sheet.

HAWAII BAPTIST ACADEMY

Date _____

Mainland Advisory Council

BIOGRAPHICAL INFORMATION

Name: _____ Birthdate: _____

Spouse: _____ Birthdate: _____

Date of Marriage: _____ Email: _____

Home Phone: () _____

Cell Phone: () _____ / () _____

Address:

City: _____

State: _____

Zip Code: _____

Primary:

Spouse:

Occupation (before retirement):

(Current, if applicable.)

Company: _____

Church Affiliation & Activities:

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Other Memberships & Activities:

Children's Names & Birthdates:

Other Information: