



Zanzabar

Night Club

VIP Card Membership Application

72 hours for approval, picture I. D. required

PLEASE PRINT

Date of Application: _____

Name _____

Residence Address _____

Wk Phone _____ Cell/Home Phone _____ Date of Birth _____

How long at present address _____ How long in Hawaii _____

Business Information/Military status

Company Name _____

Business Address

Street _____ City _____ State _____ Zip _____

Email address _____

Position w/company _____ How long w/company _____

What Branch /Rank _____ How long in service _____

Where are you stationed _____

Please forward correspondence to: _____ Home _____ Business _____

Authorized representative for phone-in reservations:

Name: _____ Affiliation/Title _____

The above information is true and correct to the best of my knowledge. By my signature below, I indicate understanding and acceptance of the terms of Zanzabar patronage and membership.

Applicant's signature _____ Date _____ Social Security Number _____

Authorized Zanzabar Representative _____ Date _____