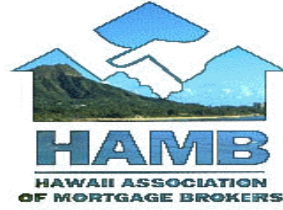


HAMB GOLF CLUB INVOICE

Gary Sato, HAMB Golf Club Chair
 1620 Glen Avenue
 Wahiawa, HI 96786



DATE:

INVOICE #

Bill To: (Please complete section below)

Name:
Company:
Address:
City: _____, Hawaii **Zip Code:**
Phone:
E-mail: _____

For:
 2017 HAMB GOLF CLUB DUES

Fill in all that apply

| DESCRIPTION | AMOUNT |
|--|--------|
| | |
| Golf Dues for a 2017 HAMB MEMBER (\$50.00) | |
| | |
| Golf Dues for a 2017 Affiliates (\$60.00) | |
| | |
| Golf Dues for a 2017 NON-HAMB MEMBER (\$75.00) | |
| | |
| | |
| | |
| TOTAL | |

Please make checks payable to **CASH or Gary Sato**
 with subject/note line HAMB Golf Club Dues

Please mail to: Gary Sato
 1620 Glen Avenue Wahiawa, HI 96786
 If you have any questions concerning this invoice contact Gary or Linda
 Sato at #621-2622 or e-mail lindasato@hawaii.rr.com

THANK YOU!