



OO SYAK GEE LU SOCIETY
Membership Application Form

Date of application: _____

A fee of \$25 shall accompany this form. This fee is subject to change and is non-refundable in case application is denied.

One application per member. Please print or type all information, except for signatures.

First Name	Middle	Last	Maiden
Street Address	City	State	ZIP
()	()		
Home Phone	Business / Cell Phone	Email Address	Birth Date (MM/DD/YYYY)

DESCRIPTION OF LINEAL DESCENDANT OF PERSON(S) FROM OO SYAK VILLAGE:

I am a Direct Descendant (please complete the below information).

Spouse of Descendant (Spouse's name) _____

DIRECT DESCENDANTS: Please complete if you are a direct descendant only.

Father's Full Name: _____

Is your father still living? Yes / No Is he from Oo Syak Village? Yes / No

Is he currently a member of Oo Syak Gee Lu Society? Yes / No

Mother's Full Name: _____ Maiden Name: _____

Is your mother still living? Yes / No Is she from Oo Syak Village? Yes / No

Is she currently a member of Oo Syak Gee Lu Society? Yes / No

Father / Mother's Address while living in Hawaii: _____

If your parent does not come directly from Oo Syak Village, however, your grandparents came from Oo Syak Village, please provide the following information:

Grand-Father's Full Name: _____

Is your grandfather still living? Yes / No Is he from Oo Syak Village? Yes / No

Is/Was he a member of Oo Syak Gee Lu Society? Yes / No

Grand-Mother's Full Name: _____ Maiden Name: _____

Is your grandmother still living? Yes / No Is she from Oo Syak Village? Yes / No

Is/Was she a member of Oo Syak Gee Lu Society? Yes / No

Address while living in Hawaii: _____

Please list the full names of all relatives who are current members of Oo Syak Gee Lu Society and include their relationship to you. Please note if they are directly from Oo Syak Village. You may use an additional sheet if necessary.

The above information is correct to the best of my knowledge. My application fee has been submitted, and I apply for membership to Oo Syak Gee Lu Society.

Applicant's Signature: _____ Date _____

Please print form and submit completed application and \$25 membership fee payable to "Oo Syak Gee Lu Society" to:
Clayton Chang
5355 Papai Street
Honolulu, HI 96821

(FOR OO SYAK GEE LU SOCIETY USE ONLY)

The above information has been reviewed and appears to be correct to the best of our knowledge. Membership eligibility has been confirmed.

\$25 membership fee received: Cash Check # _____

Accepted for membership Applicant is NOT eligible (Reason: _____)

Attested by (OSGL Official): _____ Date _____