

New Renewal Lost



Zippy's
RESTAURANTS

APPLICATION FORM

Membership #: _____

Expiration Date: _____

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ M.I. _____

Mailing Address: _____ Apt # _____

City _____ State _____ Zip Code _____

Phone # _____ Last 4-digits of SSN# Only or Other ID # _____

Age _____ Date of Birth _____ Verified by _____

Signature _____ Date _____

You must be 65 years or older to qualify.. Membership/renewal fee is \$2.00. Applications can be turned in at any Zippy's Restaurant or the Zippy's Administration Office, 1765 S. King Street, Honolulu, HI 96826, Monday to Friday, 8:00am to 4:30pm. Telephone 973-0880. Proof of age must be shown at the time of application. Zippy's reserves the right to change, alter, modify or discontinue this program at any time without notice.