



Please fill out one form for each member.

NAME: _____

BUSINESS NAME _____

(IF APPLICABLE): _____

ADDRESS: _____

TEL NO (DAY): _____ (EVENING) _____

MOBILE: _____ EMAIL: _____

Comments: _____

Signature: _____

Individual Membership: \$20.00 Per Year

Student Membership: \$5.00 Per Year

Business Membership: \$100.00 Per Year

Total Enclosed: \$ _____

CASH
 CHECK
 OTHER: _____

Please make checks payable to MINA. Mail completed form (with payment) to:

MINA
P.O. Box 506645
Saipan, MP 96950