

Date:

Membership Form: (Check One)

Institutional: ___

Professional/General: ___

Recent Grad. Student: ___

Student: ___

Name:

Email:

Postal Address:

Contact Number:

Background/Area(s) of Interest:

Payment Amount:

Please make checks payable to: APASEEM

Please mail to: P.O. Box 7527, Saipan, MP 96950 USA

For financial questions: Please call our APASEEM Treasurer, Andre Kozij at (670) 323-5286 or at email:
akaspn@hotmail.com
