



PIBBA INTERNATIONAL

<http://pibbainternational.blogspot.com>

MEMBERSHIP APPLICATION

20____ — 20____

Name (Please Print): _____
First Middle Last

Position: _____

Institution: _____

E-mail Address: _____

Mailing Address: _____

City/State/Zip: _____

Alternate Mailing Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Fax: Home: _____ Work: _____ Other: _____

Membership Status: New Renewal

Membership Type: Primary Associate

Island Nation Affiliation:

- GUAM PALAU HAWAII MARSHALL ISLANDS
 KIRIBATI NAURU AMERICAN SAMOA CNMI (Sa'ipan, Rota, Tini'an)
 FSM (Yap, Chuuk, Pohnpei, Kosrae)

Please Circle One

Please Circle One

Local PIBBA Chapter Affiliation: _____

Dues for Primary Membership: General \$20.00 Student \$5.00 (*Verification Required*)

Dues for Associate Membership: \$ _____

Membership Dues Paid On: _____ Amount: _____ Receipt #: _____

Treasurer's Signature: _____



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