



Membership Application

Name _____
Last Name First Name

Address _____

Pet Assistance & Welfare Services

P.O. Box 5330
Saipan, MP 96950
Hotline: (670) 233-PAWS
Fax: (670) 322-9463
www.paws-saipan.org

Home Phone: _____ Business phone: _____

Cell Phone: _____ Fax: _____

E-mail Address _____

BOARD OF DIRECTORS

Katie Busenkell, President
(670)256-0243
busenkell@gmail.com

Melissa Simms, Vice Pres.
(670)234-1253
melissasimms56#@hotmail.com

Bobbi Grizzard, Treasurer
(670) 322-9464
bgrizzard@saipan.com

Rose Callier, Secretary
(670)256-0175
italiarose@hotmail.com

Ron Smith, Webmaster
(670) 234-2174
webmaster@paws-saipan.org

Deane Jessee-Jones, Memberships
(670)256-2061
deanej@saipan.com

How do you learn about PAWS?

___ Member: Name _____ Other: _____

___ Media ___ Paradise Island Animal Hospital ___ Fund Raising Event

Annual Membership Fees:

(Suggested Annual Membership Donation is \$10.00)

___ **New Member**

___ **Renewal**

CORPORATE:

___ \$ ___ Gecko Corporate
___ \$1000 Ayuyu Corporate
___ \$2500 Fanihi Corporate
___ \$5000 Kingfisher Corporate
___ \$5000+Golden Boonie Corporate

INDIVIDUAL:

___ \$ ___ Gecko Individual
___ \$100 Ayuyu Individual
___ \$250 Fanihi Individual
___ \$500 Kingfisher Individual
___ \$500+Golden Boonie Individual

I will work on the following committees:

___ Home for the Homeless ___ Fostering ___ Trap and Release Program
___ Pet of the Month Program ___ Education Outreach ___ Fund Raising
___ Website maintenance ___ Membership ___ Newsletter
___ Lobbying for animal rights ___ Public Relations/media

Thank you for your generous support



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