

SINA

(Self-Advocates IN Action)

Membership Application

Date of Application: _____

Name: _____ Date of Birth: ____/____/____

Home Address: _____ City _____

Mailing Address: _____ City _____, Guam Zip _____

Home Phone No.: _____ Work No.: _____ Cell No.: _____

Email Address: _____

An annual membership fee of (\$10.00) ten dollars is due with the submission of this application.

Applicant Signature: _____ Date: _____

SINA Use Only

Amount Received: _____ (cash / check)

Received by: _____