

**Maine Maritime Academy Parents Association (MMAPA)
Membership Form**

Dedicated to Improving Parental Communication & the Quality of Life for Students

Check us out at www.mmapa.com
and on Facebook

PLEASE PRINT CLEARLY

Parent or Sponsor Information

Parent Name(s) _____

Address _____

City, State & ZIP _____

Phone Number (_____) _____

Email Address _____ @ _____ . _____

Email Address _____ @ _____ . _____

Can we share your email address with other parents? ___Yes ___No

Student Information

Student's Name _____

Major _____ Regimental Student? ___Yes ___No

Expected Graduation Year _____

We are a small but committed organization. If you are willing to assist with any of the following please indicate by checking as many boxes as you like:

___ I would be willing to serve on the MMAPA executive committee.

___ I would be willing to donate something for the annual raffle. Gift certificates, crafts, or other valued items are examples of needed donations.

___ I would be willing to volunteer to lead and / or support the annual raffle.

___ I would be willing to volunteer to attend open house or other campus events as a representative of the MMAPA.

RETURN THIS FORM TO:

Deidra Davis
MMAPA Membership Coordinator
Pleasant Street
Castine, ME 04420
deidra.davis@mma.edu

If at any point you wish to be removed from the database please contact Deidra Davis for removal.