



Northern Marianas College

P.O. Box 501250 • Saipan, MP 96950 U.S.A.
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Proa Perks Card Program Agreement

✓ Yes, my company will participate in the Proa Perks Card Program by offering the following to Proa Perks Cardholders:

Discount to cardholders in the amount of _____

Added Benefit to Cardholders: _____

Other special offer: _____

Name of Company: _____

Name of Contact: _____

Telephone: _____ Email: _____

Print, Sign, & Date: _____

There is no charge for participating in the Proa Perks Card Program. Participation with the Proa Perks Card Program is a 1 year commitment. This partnership agreement is hereby entered on this date _____. Proa Perks card holders must show their card to receive the designated benefit. We will provide you decal / sticker to place on your organization entrance so cardholders will know your company is a participant. If either party wishes to change the offer or terminate the agreement, it must notify the other party in writing 30 days prior for the change or termination to take effect.

Please include your company logo, along with the agreement.

We appreciate your participation and support!

PLEASE FAX COMPLETED FORM BY (DATE) TO FAX NO. 234-1270 THANK YOU! Or Email to

Carla.sablan@marianas.edu