



JAAMS Alumni Referral Program Form

Please complete this form and send via mail (JAAMS, Attn: JAAMS Referral Program, 6660 Hawaii Kai Drive, Honolulu, HI 96825), fax (808-396-7111), or email (info@jaims.org). Online form available at <http://tinyurl.com/3ayf4sh>.

* All fields required

Referring Graduate (You)

First Name _____

Last Name _____

E-mail Address _____

Phone _____

JAAMS Program/Class _____

Referred Student (Your friend, colleague or relative)

First Name _____

Last Name _____

E-mail Address _____

Phone _____

By clicking here I agree to the Referral Program terms and conditions as posted on the JAAMS website.

Signature

Date