



# IHS Alumni Association, Inc.

One Alumni. One Mission.

Membership Registration Form

Website: [ihssvg.org](http://ihssvg.org)

Email: [info@ihssvg.org](mailto:info@ihssvg.org)

**Fill out the form and email to [info@ihssvg.org](mailto:info@ihssvg.org)**

## Membership Requirements

- \* Must be a past student of Intermediate High School
- \* Complete the membership form
- \* Pay the annual membership fee (or enroll in monthly plan)
- \* Support the mission and activities of the Association

## Personal Information

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Year(s) Attended IHS: \_\_\_\_\_

Graduation Year (if applicable): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

**Occupation (Optional)** \_\_\_\_\_

Membership Type

Annual Membership – EC\$120 / US\$45 / CA\$66

Monthly Plan (SVG Only) – EC\$10 per month



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## Payment Method

Cash

Cash App

Bank Transfer

Other: \_\_\_\_\_

## Additional Contribution (Optional)

Amount: \_\_\_\_\_

## Areas of Interest (Optional)

Mentorship Program

Fundraising Events

Event Planning

School Support Initiatives

Communications / Media

Other: \_\_\_\_\_

## Declaration

I hereby apply for membership in the Intermediate High School Alumni Association, Inc.

I agree to support the mission, values, and activities of the Association.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Stay connected. Stay involved. Together we are stronger.**