



**For Internal Use only**

Date Payment Received: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

May 31st \_\_\_\_\_

## MEMBERSHIP APPLICATION

MAKE CHECKS PAYABLE TO **INDEPENDENCE HIGH SCHOOL ALUMNI ASSOCIATION** AND MAIL TO:  
INDEPENDENCE HIGH SCHOOL ALUMNI ASSOCIATION, 6001 ARCHWOOD, INDEPENDENCE, OH 44131

A 501(c) (3) organization.

**Annual Dues cover the period from June 1<sup>ST</sup> to May 31<sup>ST</sup> of the following year.**

*PROMOTING EDUCATIONAL MEMORIES, ONE CLASS AT A TIME*

VISIT [WWW.INDYBOOSTERS.COM](http://WWW.INDYBOOSTERS.COM)

NEW       RENEWAL       GIFT       DONATION

### SELECT MEMBERSHIP TYPE:

1 year membership (\$10)       5 year membership (\$40)

### FILL OUT THE APPLICABLE INFORMATION BELOW:

Class of: \_\_\_\_\_ DOB: \_\_\_\_\_  Male       Female

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

*Spouse's Name (Include Maiden Name, if applicable):* \_\_\_\_\_

*Is your spouse an IHS graduate?*  Yes  No      *Year Spouse Graduated:* \_\_\_\_\_

Your Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Gift Giver (if applicable): \_\_\_\_\_

Reason for Membership Gift (if applicable): \_\_\_\_\_

Donation: Please consider making a donation along with your membership. Donations are essential to support the Association's annual programming, with donations ranging from \$10 to \$500 or more.

I am making a donation of \$ \_\_\_\_\_ The Association thanks you in advance!

***Disclaimer:** Membership information will not be released to any outside interests with the exception of a duplication company to publish an Alumni Directory if we opt to do one. With your approval, membership information may be published in our Alumni Spectator. Access or use of a member's information other than for Alumni purposes is strictly prohibited.*

I  **Approve**  **Do Not Approve of publishing my information.** Initials: \_\_\_\_\_

**If you are interested in serving on a committee, please check the appropriate box(es) below:**

Alumni Spectator       Fund Raising       Membership       Phone Calling  
 Class Representative       Historical       Nominating       Public Relations  
 Other

**Are Any of Your Relatives IHS Graduates?**  Yes  No

Name(s)/Graduation Year(s): \_\_\_\_\_

**THANK YOU FOR HELPING US GIVE BACK TO OUR ALMA MATER!**