



Green Island High Alumni of North America, Inc.

11/19/2007

Application Membership Form

First Name: _____ Last Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Year Graduated: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

My new online username will be: _____ password: _____

I have read and understand the foregoing. The information submitted by me is true and correct. I also understand that any willful omission, falsification, misstatement, or misrepresentations above, will result in the rejection of my application.

Please deposit US\$20.00 membership fee in a Bank of America, to account number is 004435751959, or make your check for \$20.00 membership dues, payable to GIHANA, and mail both this form and the check or bank receipt to the following address:

**GIHANA
850 Ives Dairy Road,
T-57 P.O. Box 312,
N. Miami Beach, FL 33179**

If I am accepted as a member, I agree to abide by the bylaws of the association.

Signature: _____ Date: _____