

ISM ALUMNI

MEMBERSHIP APPLICATION

SURNAME FIRST NAME.....

DATES WHEN YOU ATTENDED/TAUGHT AT ISM:

FROM.....TO.....

PERMANENT HOME ADDRESS FOR ALL
CORRESPONDENCE

.....

.....POSTCODE/ZIP.....

COUNTRY.....E MAIL.....

OTHER ADDRESS.....

.....

FUTURE PLACE OF STUDY/WORK.....

.....

SUBJECTS YOU WILL BE
STUDYING/TEACHING.....

I hereby apply to become a member of the ISM Alumni.

*I agree/do not agree (please strike where inapplicable)
that my contact details may be sent to other members of the ISM Alumni.*

*I agree/do not agree (please strike where inapplicable) that my contact
details may be posted on any future Alumni page of the ISM Internet
website.*

DATE OF APPLICATION.....SIGNATURE.....

Please return to:

International School of Monaco
Alumni Membership
12 quai Antoine 1^{er}
MC 98000 MONACO
FAX: (377) 93 25 68 30