



University of the Virgin Islands

Alumni Update Form

Please mail to the address below or print and fax to (340)693-1045. (Type or print)

Legal Name:

Last Name	First Name	Middle Initial
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Maiden or other name(s): _____ Social Security Number ____ - __ - ____

Mailing Address:

Address	City	State	Zip Code	Phone Number
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Permanent Address:

Address	City	State	Zip Code
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Email Address _____

Class Year/ Period Attended UVI: _____

Home Phone: (____) _____ Business Phone: (____) _____

Any immediate family members presently attending UVI? YES___ NO___

If yes, Name/Relationship: _____

I, _____ hereby register as a member of the UVI Alumni Association

_____ Chapter and pay the:

_____ Annual membership dues of \$25 to \$35 (varies among Chapters) or

_____ Lifetime membership dues of \$250 by December 31, 2004, and \$500 thereafter

Signature _____

Date _____