

Welcome to the HIBS organization. We look forward to working with your school and faculty. Please fill out this application and return this form with your membership payment to the HIBS treasurer.

The HIBS association offers several levels of membership. The following is a description of each level and the annual membership fees for each level:

| a. | <u>Active Membership</u> - open to all IBO authorized schools who have one or more of the following programs: Primary Years Program (PYP), Middle |
|---------------------------|--|
| | Years Program (MYP), and/or Diploma Program (DP) Annual Fee: |
| | \$100.00 per school |
| b. | Candidate Membership- open to all schools who are in the application |
| | process of becoming an IB authorized school offering one or more of the |
| | following programs: Primary Years Program (PYP), Middle Years |
| | Program (MYP), and/or Diploma Program (DP)(<u>These are non-voting</u> |
| | members.) Annual Fee: \$75.00 per school |
| с. | Associate Membership- open to any education agencies or organizations |
| | with interest in the HIBS Association (These are non-voting members.) |
| | Annual Fee: \$25.00 per organization or agency |
| d. | Emeritus Membership- open to individuals who are retired coordinators, |
| | heads-of-schools, or teachers who wish to continue their support and |
| | involvement in HIBS activities (These are non-voting members.) Annual |
| | Fee: \$25.00 per individual |
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| <u>Application:</u> | |
| School Name: | |
| IBO Authorization Date: | |
| IBO Authorization Number: | |
| Superintendent: | |

Head of School:

HIBS Representative/Contact:

School Address: _____

School Phone Number: _____

HIBS Representative/Contact Email Address: