



SPARROWS POINT HIGH SCHOOL ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION - S.P.H.S. ALUMNI ASSOCIATION

Name _____
Last First Maiden

Address _____

City, State, Zip _____

Phone Number w/Area Code _____

Email Address _____

Class of _____

Life Member \$50.00

Previous Annual Members \$45.00

*Please print and mail application along with payment to:
SPHS Alumni Association
Attn: Membership
PO Box 528
Chase, MD 21027*