## **Alumni Lifetime Membership Application**

## **Member Information**

Name		
First	Last	
Year Graduated		
YYYY		
Date of Birth		
MM/DD/YYYY		31
Spouse Information		
Spouse Name		
First	Last	
Are you paying for your spouse to join Alu	ımni Association?	
○ Yes		
○ No		
Spouse Date of Birth		
MM/DD/YYYY		31
Is your spouse a STHS Alumnus?		
○ Yes		
○ No		
Year Graduated		
(Spouse)		

Spouse Maiden Name		
Mailing Information		
Mailing Address		
Street Address		
Street Address Line 2		
City	State	
Postal Zip Code	Country	
Contact Information		
Home Phone	Cell Phone	
### ### ####		
Email		
Membership Information		
Choose one of the membership types below	• •	
\$15.00 Alumnus Individuals	STHS Alumni Association.	
\$20.00 Non-Alumnus Individuals	Mail form and payment to: STHS Alumni Association	
\$25.00 Alumnus and Alumnus Spouse	PO Box 61474	
\$35.00 Alumnus and Non-Alumnus Spouse Harrisburg, PA 17106		
Additional Donation to Alumni Association (Note: Membership giving goes into the General F	- rund)	
\$10.00		
\$15.00		
\$20.00		
\$25.00		
\$50.00		
\$ Other		