

Alumni Lifetime Membership Application

Member Information

Name

Year Graduated

Date of Birth

 31

Spouse Information

Spouse Name

Are you paying for your spouse to join Alumni Association?

Yes

No

Spouse Date of Birth

 31

Is your spouse a STHS Alumnus?

Yes

No

Year Graduated

(Spouse)

Spouse Maiden Name

Mailing Information

Mailing Address

Contact Information

Home Phone

Cell Phone

Email

Membership Information

Choose one of the membership types below

- \$15.00 Alumnus Individuals
- \$20.00 Non-Alumnus Individuals
- \$25.00 Alumnus and Alumnus Spouse
- \$35.00 Alumnus and Non-Alumnus Spouse

Checks payable to:

STHS Alumni Association.

Mail form and payment to:

STHS Alumni Association
PO Box 61474
Harrisburg, PA 17106-1474

Additional Donation to Alumni Association

(Note: Membership giving goes into the General Fund)

- \$10.00
- \$15.00
- \$20.00
- \$25.00
- \$50.00
- \$ _____ Other