



# CROWN POINT HIGH SCHOOL Alumni Association

[www.cphsalumni.org](http://www.cphsalumni.org)

## Membership Form

First Name:	Last Name:
Street Address:	Maiden Name:
City, State, Zip:	
Home Phone:	Cell Phone:
E-mail:	
Birthday: (MM/DD/YYYY)	Class of: (YYYY)
Do you want to be listed in the Alumni Directory? Y / N	
Spouse's Name:	
Is spouse a CP Alumni? Y / N	Class of: (YYYY)
Are your children CP Alumni? Y / N	If so, how many?
Did you serve in the Military? Y / N	
College Attended:	
Career:	
CPCSC Faculty? Y / N	When? From-To (YYYY - YYYY)
Which CP Facility/facilities?	

### Membership

Lifetime membership is \$ 150.00

**Make your check payable to: CPHS Alumni Association**

Mail this form along with your check to:

CPHS Alumni Association  
P.O. Box 240  
Crown Point, IN 46307

Your membership confirmation will be emailed to you.  
For questions, please contact the CPHS Alumni Association at:

[crownpointalumni@yahoo.com](mailto:crownpointalumni@yahoo.com)

Post Office Box 240 Crown Point, IN 46307

Paid via: Cash    Check #: \_\_\_\_\_    Credit/Debit Card #: \_\_\_\_\_    Lifetime member # \_\_\_\_\_

Amount: \$ \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Code on back of card: \_\_\_\_\_