



## SPARROWS POINT HIGH SCHOOL ALUMNI ASSOCIATION

### MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number w/Area Code \_\_\_\_\_

Email Address \_\_\_\_\_

Class of \_\_\_\_\_

Cost of Membership - \$50.00

Please print and mail application along with payment to:

SPHS Alumni Association

Attn: Membership

PO Box 528

Chase, MD 21027