



www.cphsalumni.org | crownpointalumni@yahoo.com

P.O. Box 240, Crown Point, IN 46308

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	
Are your children CP Alumni?		Y / N	
Did you serve in the Military?		Y / N	
College Attended:			
Career:			
Crown Point Community Schools Faculty?		Y / N	
When? From-To (YYYY - YYYY)			
Which CP Facility/facilities?			

Lifetime memberships are a one-time investment of \$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 46308

For questions, please contact the CPHS Alumni Association at:

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

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