MEMBERSHIP APPLICATION – S.P.H.S. ALUMNI ASSOCIATION
Mail to: Sparrows Point High School Alumni Association, Inc.
7400 North Point Road
Edgemere, MD 21219-1307

Name:_____
Last **First** **Maiden**

Address:_____

City, State, Zip:_____

Phone Number w/Area Code:_____

Email Address:_____

Class of:_____

_____**Annual Member ($5.00)** _____**Life Member ($50.00)**

Online Form Date: 21 NOV 04