

Member #
Date



**Central Dauphin High School
Alumni Association**
www.CDHSalumni.com
Lifetime Membership Application



Name: _____
(Current Last) (First) (M.I.) (Maiden)
Graduation Year: _____ or CDHS Faculty Member from _____ to _____
(Yrs. Employed)

Marital Status: Single Divorced Married Widowed

Spouse Name: _____
(Current Last) (First) (M.I.) (Maiden)
CD Grad? _____ If so, Graduation Year: _____

Mailing Address: _____
(Street)

(City) (State) (Zip)

Email Address: _____
(PLEASE PRINT CLEARLY)

Home Phone: () _____ Cell Phone: () _____

Check type of Membership:

- _____ **“Lifetime” (Graduate) @ \$30**
- _____ **“Sweetheart” (married, both graduates) Lifetime @ \$50**
- _____ **“Friends of CD” (non-graduate/non-faculty) Lifetime @ \$30**
- _____ **“Faculty of CD” (non-graduate) Lifetime @ \$30**
- _____ **“Complimentary Military (Active/Honorably Discharged/Retired) Lifetime”**

Date of service from: _____ **to** _____

Highest Rank Attained: _____

Branch of Service _____



I certify that the above information is true and accurate and meets the qualification for a complimentary Military Lifetime Membership in the CDHSAA.

Signature

Lifetime Membership, as per category selected above: \$ _____

Please add this amount as my contribution to the Scholarship Fund: \$ _____

Please add this amount as my contribution to the General Fund: \$ _____

Enclosed is my check or money order # _____ for Total Enclosed: \$ _____

Referred by (Current Member Name) _____

All checks should be made payable to: Central Dauphin High School Alumni Assn. (CDHSAA)
Mail to: CDHSAA Membership Chair, 4104 Hillsdale Road, Harrisburg, PA 17112

Date Card Mailed _____