

Member #  
Date



**Central Dauphin High School**  
**Alumni Association**  
**www.CDHSAlumni.com**  
**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/Separated/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 Veteran’s Memorial Fund: \$ \_\_\_\_\_

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

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

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

Date Card Mailed \_\_\_\_\_