

SPHS ALUMNI ASSOCIATION

LIFETIME MEMBERSHIP APPLICATION

(Form may also be used for memberships in Memorial)

NAME: _____

LAST NAME AT SOUTHERN, IF DIFFERENT THAN ABOVE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

CLASS: _____ JANUARY or _____ JUNE

YEAR: _____

LIFETIME MEMBERSHIP - \$25

Make Checks/Money Orders Payable to: "SPHS ALUMNI ASSOCIATION"

Mail this form with check or money order in the amount of \$25 to:

SPHS Alumni Association
Membership Committee
2101 S. Broad Street
Philadelphia, PA 19148

Note: You may also purchase Lifetime Memberships online at www.sphsalumni.com.

Questions? Contact us at info@sphsalumni.com or by phone at 215-468-3377.