



# CROWN POINT HIGH SCHOOL Alumni Association

[www.cphsalumni.org](http://www.cphsalumni.org)

## 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:	Anniversary: (MM/DD/YYYY)
Is spouse a CP Alumni? Y / N	Class of: (YYYY)
Are your children CP Alumni? Y / N	If so, how many?
Did you serve in the Military? Y / N	Which Branch?
College Attended:	
Career:	
CPCSC Faculty? Y / N	When? From-To (YYYY - YYYY)
Which CP Facility/facilities?	

### Membership

Annual membership is \$15.00 per Alumni or Lifetime membership is \$ 150.00 less your current age.  
Example: If you are 60 years old subtract 60 from \$ 150.00 = total Lifetime membership fee of \$ 90.00

**Make your check payable to: CPSHS Alumni Association**

Mail this form along with your check to:

CPSHS Alumni Association  
P.O. Box 240  
Crown Point, IN 46307

---

Your membership confirmation will be emailed to you.  
For questions, please contact the CPSHS Alumni Association at:

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

Post Office Box 240 Crown Point, IN 46307