



SPPA

SOUTHEASTERN PA PARENTS ASSOCIATION MEMBERSHIP/NAME TAG APPLICATION

MEMBERSHIP APPLICATION (PLEASE PRINT)

MID'S NAME _____ GRADUATION YEAR _____

PARENT'S NAMES _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Parent Information:

PREFERRED TELEPHONE NUMBER: _____

PREFERRED EMAIL ADDRESS (PLEASE PRINT CLEARLY) _____

NAME TAG APPLICATION (optional)

PARENT'S NAMES (PRINT EXACTLY AS WANTED ON TAG)

1. _____

2. _____

MID'S NAME(S): (PRINT EXACTLY AS WANTED ON TAG)

1. _____ Graduation Year _____

2. _____ Graduation Year _____



MAGNETIC BACK
APPLICATION RECEIVED BY PLEBE PICNIC
WILL BE ASSURED TAGS BY 1 DAY

Total 4 Year Membership	\$150.00	\$150.00
Total Name Tag(s) 1 or 2	<u>20.00</u> (1)	<u>39.00</u> (2)
TOTAL	<u>\$170.00</u>	or <u>\$189.00</u>

Please send your completed application, and check made payable to SPPA, to:

Tom Nieberding, SPPA Treasurer
4633 Old Oak Road
Doylestown, PA 18902

GO NAVY . . . BEAT ARMY!