



SPPA

SOUTHEASTERN PA PARENTS ASSOCIATION MEMBERSHIP/NAME TAG APPLICATION

Class of 2015

MEMBERSHIP APPLICATION (PLEASE PRINT)

MID'S NAME _____ GRADUATION YEAR _____

PARENT'S NAMES _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Parent's 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

COST: INCLUDES S & H

Total 4 Year Membership	\$125.00	\$125.00
Total Name Tag(s) 1 or 2	14.50 (1)	28.00 (2)
TOTAL	\$139.50	or \$153.00

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

Rowland M. Smith III, CPA, CSEP, MST
SPPA Treasurer - Direct Dial: 215-544-6118
ParenteBeard LLC
1800 Byberry Road, Suite 1100
Huntingdon Valley, PA 19006-3523

GO NAVY . . . BEAT ARMY!