





**HOLMWOOD TECHNICAL HIGH SCHOOL  
ALUMNI ASSOCIATION, NY INC.**

P.O. BOX 130039  
Springfield Gardens, NY 11413



**ENROLLMENT FORM**

Name:		Alias:
Address:		
City:	State:	Zip Code:
Occupation (optional):		
Home Tel:	Business Tel:	Mobile Tel:
Email Address:		Years Attended:

Comments:

Referred by: \_\_\_\_\_

I hereby apply to membership of the **Holmwood Past Students Association Inc.** I further agree to pay a yearly membership fee of \$60.00 and to support the association in all its ventures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTERED AS A NON-PROFIT ORGANIZATION IN THE STATE OF NEW YORK

**FOR OFFICIAL USE ONLY**

Approved	By: _____	Date: _____
Not Approved	By: _____	Date: _____
Appending		