



# HOLMWOOD PAST STUDENTS ASSOCIATION INC.

New York Chapter  
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 of Attendance	to

### Comments:

Referred by:

I hereby apply for membership of the **Holmwood Past Students Association INC.** I further agree to pay a yearly membership fee of \$50.00 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
- Not Approved
- Pending

BY..... Date.....  
 BY..... Date.....