

Haddon Township High School Alumni Association

Registration Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (Optional) _____

E-Mail: _____

Year Graduated: _____

I would like to help with any activities _____

Please include a one time membership fee of \$10.00. Make checks payable to HTHS Alumni Association.

Mail To:

Sandy Kenna (Klenk)
1010 Mt. Vernon Ave
Haddonfield, NJ, 08033