CAPA MEMBERSHIP 2021-2022

We are interested in maintaining our association with Chaminade through membership in CAPA for the coming year.

Membership: $25.00 per family ____Renewal ____New Member

Amount enclosed _____. Make checks payable to the Chaminade Development Fund. One check may cover membership and CAPA Gold Glub.

❑ Mr. and Mrs. ❑ Mrs. ❑ Mr. Other: _____

Last Name: _____ First Name(s): _____

Address: _____

Town: _____ Zip: _____ Phone: _____

Email: _____

Please list name(s) of your son(s) and year(s) of graduation on the back.

If you would like to be on a CAPA notification list, please check preference below.

❑ phone chain ❑ email