



Norristown Area High School  
*Hall of Champions Association*  
Membership Application

*Print this page, complete the form, then mail it and your check to the address below:*

**NAHS Hall of Champions Association**  
**1900 Eagle Drive**  
**Norristown, PA 19403**

Please sign me up as a member. I am enclosing\* my dues of (*please check one*):

\_\_\_\_\_ \$10.00 (annual)

\_\_\_\_\_ \$50.00 (life)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
signature

Yes, our group wishes to help. Here is our contribution of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_ I would like to nominate\* the following person for induction into the Hall of Champions:

\_\_\_\_\_  
Name

\_\_\_\_\_ I would like to nominate\* the following person for induction into the Hall of Fame:

\_\_\_\_\_  
Name

*\* Please submit additional information supporting nominations or financial contributions under separate cover to the Hall of Champions Association. (For a nomination form for either the Hall of Champions or the Hall of Fame, return to the bottom of the Hall of Champions Association page.)*