



**Membership Application**  
*Georgia School for the Deaf*  
*Alumni Association*

Circle: Mr. Mrs. Miss Ms.

Today's Date: \_\_\_\_\_

Name:

Maiden Name:

\_\_\_\_\_  
(please print)

Address:

circle: TTY number or VP number:

\_\_\_\_\_  
(P.O. Box or Street)

\_\_\_\_\_  
Email address :

\_\_\_\_\_  
(City, State, Zip code)

Did you graduate from GSD?  Yes  No  
Year of graduation or year left GSD

Membership: \$ \_\_\_\_\_  
**(After Jan. 1, 2016 \$10.00 per person)**

Donation: \$ \_\_\_\_\_  Museum  
 Scholarship

**Send your check/money order to:**

GA School for the Deaf Alumni Association  
Joy Gibson, Membership Chair  
P.O. Box 76  
Cave Spring, GA 30124

Total: \$ \_\_\_\_\_

**If you mail this form, please do not send cash.**  
Make check or money order payable to:  
Georgia School for the Deaf Alumni Association

<http://www.gsdaa.org>