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| **Established 1972** | **Membership Application**  **Georgia School for the Deaf**  **Alumni Association** |
| circle: Mr. Mrs. Miss Ms. | Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print) | Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (P.O. Box or Street) | circle: TTY number or VP number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (City, State, Zip code) | Email address :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did you graduate from GSD? **□** Yes **□** No  Year of graduation or year left GSD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Send your check/money order to:**  GA School for the Deaf Alumni Association  Membership Chair  P.O. Box 76  Cave Spring, GA 30124 | Membership: $ \_\_\_\_\_\_\_\_\_\_\_\_  Donation: $ \_\_\_\_\_\_\_\_\_\_\_\_  Museum  Scholarship    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**