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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 **□** NoYear of graduation or year left GSD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Send your check/money order to:**GA School for the Deaf Alumni AssociationMembership ChairP.O. Box 76Cave Spring, GA 30124 | Membership: $ \_\_\_\_\_\_\_\_\_\_\_\_Donation: $ \_\_\_\_\_\_\_\_\_\_\_\_ MuseumScholarship 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**