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.gsd aa.org