



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: \$ _____

Donation: \$ _____ Museum

Scholarship

Send your check/money order to:

GA School for the Deaf Alumni Association
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>