



MISSOURI SCHOOL FOR THE DEAF ALUMNI ASSOCIATION

MEMBERSHIP/RENEWAL DUES FORM

(PLEASE PRINT)

Name: _____
Last First Middle Initial

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail Address (Required): _____

Text # (Optional): (____) _____

Maiden Name: _____

Year last attended MSD: _____ **Graduated?** Yes No

Alumni: \$10 for 1-year membership \$25 for 3-year memberships

Senior Alumni: (60 years old+) \$5.00 for 1-year membership \$10 for 3-year memberships

Non-Alumni: Name _____ \$7.00 for 1-year membership

DONATION(S): Your support is appreciated!

General Fund \$ _____ Scholarship Fund \$ _____

Reunion Fund \$ _____ Youth Fund \$ _____

Hall of Fame Fund \$ _____

In Memory of _____ Subtotal of Donation(s) \$ _____

(Print name)

Membership Dues \$ _____

TOTAL DUES \$ _____

Member's Signature: _____

Please make a cashier check or money order to **'MSDAA'** and mail to:

John M. Drury, Treasurer

708 W 29th Street

Higginsville, MO 64037

(A PERSONAL CHECK IS NOT ACCEPTED)

Date received: ____ / ____ / ____

CASHIER CHECK _____ MONEY ORDER _____ CASH _____