



**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: (Age 60+)  \$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!

Burney Fishback Museum \$ \_\_\_\_\_  Reunion Fund \$ \_\_\_\_\_

General Fund \$ \_\_\_\_\_  Scholarship Fund \$ \_\_\_\_\_

Hall of Fame Fund \$ \_\_\_\_\_  Youth Fund \$ \_\_\_\_\_

In Memory of \_\_\_\_\_  
*(Print name)*

Subtotal of Donation(s) \$ \_\_\_\_\_

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 29<sup>th</sup> Street

Higginsville, MO 64037

**(A PERSONAL CHECK IS NOT ACCEPTED)**

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CASHIER CHECK \_\_\_\_\_  MONEY ORDER \_\_\_\_\_  CASH \_\_\_\_\_