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 (Alumni only)**:** _____

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

$40 for a 3-year membership: Alumni ❑ Associate ❑

$25 for a 3-year Senior Membership (Age 60+): Senior Alumni ❑ Senior Associate ❑

DONATION(S): Your support is greatly 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 29th Street
Higginsville, MO 64037

(A PERSONAL CHECK IS NOT ACCEPTED)

Date received: _____ / _____ / _____ Next Due Date: Month _____ Year _____

❑ CASHIER CHECK _____ ❑ MONEY ORDER _____ ❑ CASH

FOR TREASURER ONLY: