



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: _____

CASHIER CHECK _____ MONEY ORDER _____ CASH

FOR TREASURER ONLY: