



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 29<sup>th</sup> 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:**