

WSDAA MEMBERSHIP FORM

INDIVIDUAL MEMBERSHIP

- New Membership or** **Renewal - \$10.00 a year**
Individuals who have attended WSD.
- New Supporting Membership or** **Renewal - \$7.00 a year**
*Individuals who are supporters/friends of WSD; family members of former/current WSD students;
and former/current employees/staffers of WSD*
- Affiliate (Group) Membership - \$15.00 a year**
Organizations, agencies, clubs, associations or businesses who support the mission of the Association.
- Donation - \$** _____ General Fund Museum Fund Other: _____

Amount paid: \$ _____ (in U.S. Funds)
~~~~~ Payable to WSDAA and mail to: WSDAA Membership Dept.  
611 Grand Blvd  
Vancouver, WA 98661

**NOTE: There will be a \$25.00 additional charge for returned bad check.**

### INFORMATION GIVEN IS STRICTLY CONFIDENTIAL.

### PLEASE TYPE OR PRINT CLEARLY

**ONE form per person, please. Photocopy this form if you need another one.**

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: TTY \_ V \_ both \_ VP: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### DATA INFORMATION

WSD Graduate / Class of (Year): \_\_\_\_\_  
Former WSD Student / Year(s): \_\_\_\_\_  
Former /Maiden Name: \_\_\_\_\_

WSD Staff (please check):  
\_ Current \_ former \_ Retired

Revised Nov., 2007

### WSDAA DIRECTORY

Do you wish your personal information included in the WSDAA Directory?

- Your former/maiden name?  yes  no  
Your mailing address?  yes  no  
Your e-mail address?  yes  no  
Your TTY number?  yes  no  
Your fax number?  yes  no  
Your voice number?  yes  no  
Your VP number?  yes  no