WSDAA INDIVIDUAL MEMBERSHIP FORM

Washington School for the Deaf Alumni Association

☐ **New Membership - $15.00 a year** ☐ **Renewal - $15.00 a year**
Individual who have attended or graduated from WSD.

☐ **New Supporting Membership - $10.00 a year** ☐ **Renewal - $10.00 a year**
Individual who is supporter or friend of WSD; family member of former or current WSD student; former or current employee or staffer of WSD.

☐ **Affiliate (Group) Membership $20.00 a year**
Organization, agency, club, association or business who supports the mission of the Association.

☐ **Donations $**_____ ☐ 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: _____

Pager **(no text):** _____ E-mail: _____

DATA INFORMATION

WSD Alumni only

WSD Graduate / Class of (year):_____
Former WSD Student / Year(s):_____

Former / Maiden Name:_____

WSD Staff only

Please check:
_ Current _ Former _ Retired

Job postion: _____
What years:_____ to _____

Revised: October 2011