

Ohio School for the Deaf Alumni Association

Membership Application Form

Please Print

Apply Per Person

* Full Name: _____
Maiden Name

* Address: _____
Number/Street PO Box/ Apartment Number

* City: _____ State: _____ Zip Code: _____

* Email Address: _____

VP Number: _____

The email address and VP number are kept confidential.

** - Required fields must be filled in.*

Attended Ohio School for the Deaf? Yes / No

Graduate? Yes / No Graduate or Left Year? _____

Please check the new or renew membership:

_____ New Membership _____ Renew Membership

Please check the amount for the yearly membership:

_____ \$15 single / \$30 couple - 1 year * _____ \$20 single / \$40 couple - 2 years

_____ \$40 single / \$80 couple - 6 years * _____ \$150 single / \$300 couple - lifetime

Check or Money Order payable to: **Ohio School for the Deaf Alumni Association**

Amount Paid \$ _____ Check Number # _____ Cash \$ _____ Money Order \$ _____

Mail to: **Ohio School for the Deaf Alumni Association**

1055 Colony Drive

Westerville, OH 43081

Please do not write below the line. For Officer use only.

Date Received: ____/____/____ Amount: \$ _____

Check Number: _____ Money Order: _____ Cash: _____

Membership Expiration Date: ____/____/____

Membership Card Given: _____