



Florida School for the Deaf Alumni Association  
PO Box 1263, St Augustine, FL 32085  
Website: www.fsdAA.org

## FSDAA MEMBERSHIP & DONATION FORM

### NAME & CONTACT INFORMATION

#### Primary Member

Full Name \_\_\_\_\_ Previous Name (if any) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Phone Number (VP) \_\_\_\_\_  
Text (SMS) \_\_\_\_\_ Email Address \_\_\_\_\_  
Attended FSDB from (year) \_\_\_\_\_ to (year) \_\_\_\_\_ Graduated from FSDB? \_\_\_ Yes \_\_\_ No

#### Partner or Spouse of Above

Full Name \_\_\_\_\_ Previous Name (if any) \_\_\_\_\_  
Phone Number (VP) \_\_\_\_\_ Text (SMS) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Attended FSDB from (year) \_\_\_\_\_ to (year) \_\_\_\_\_ Graduated from FSDB? \_\_\_ Yes \_\_\_ No

### MEMBERSHIP CATEGORIES & RATES

Yes! I want to become a member of FSDAA. Mark the appropriate box(es) below.

Alumni Membership \_\_\_ Single \$20 \_\_\_ Couple \$30

*Applies to a single person or a couple who have attended or graduated from FSDB. Includes FSDAA website, newsletter, voting rights, opportunity to run for office or join a committee, and discounts on FSDAA activities & events.*

Associate Membership \_\_\_ Single \$20 \_\_\_ Couple \$30

*Applies to a single person or a couple who never attended or graduated from FSDB. Includes FSDAA website, newsletter, and discounts on FSDAA activities & events.*

The FSDAA website will list names of alumni & associate members. \_\_\_ Yes, add my name \_\_\_ No, do not add my name

Total Membership Amount \$ \_\_\_\_\_

### DONATION INFORMATION

Yes! I want to support FSDAA fundraising goals. Mark your choice(s) and amount(s) below. Make a copy of this form and your payment method for your records. All donations to FSDAA are acknowledged in writing.

Student Scholarship Fund \$ \_\_\_\_\_ Hall of Fame Fund \$ \_\_\_\_\_

General Fund-Where the Need is Greatest \$ \_\_\_\_\_ Total Donation Amount \$ \_\_\_\_\_

### PAYMENT INFORMATION

Combined Membership & Donation Amount \$ \_\_\_\_\_

Payment Method \_\_\_ Check (payable to FSDAA) \_\_\_ PayPal \_\_\_ Money Order \_\_\_ Cashier's Check \_\_\_ Cash

Mail this form with payment to the Florida School for the Deaf Alumni Association (FSDAA), P.O. Box 1263, St. Augustine, FL 32084

### FOR FSDAA OFFICIAL USE ONLY

Form & payment received on \_\_\_\_\_ Membership card mailed on \_\_\_\_\_

Acknowledgement letter sent on \_\_\_\_\_

Treasurer's Notes

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