



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 \$15 ___ Couple \$20

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 \$15 ___ Couple \$20

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
