



# Nebraska School for the Deaf Alumni Association

## Membership Applicant Form

<b>NSDAA Member for 2016-2019</b>	<b>\$20.00</b>
Donation (Optional)	
Total:	

Full Name:
Class of ____ or Associate (Staff, Friend, and Family):
Address:
City, State and Zip Code:
Email Address:

Please mail the Membership Applicant Form along with the payment (check or money order payable to the NSDAA) and write "Membership 2016-2019" in the memo field.

Mail to: Rita Johnson  
1586 County Road A  
Ceresco, NE 68017

ALL INFORMATION WILL BE KEPT IN CONFIDENTIAL.