



Pennsylvania School for the Deaf

Alumni Association

2023 Membership Form

Name: _____
(print clearly, please)

Year Graduated: _____ Year Left: _____ Never Attended: _____ Present/Former PSD Staff: _____

Spouse/Partner: _____ Maiden Name: _____

Year Graduated: _____ Year Left: _____ Never Attended: _____ Present/Former PSD Staff: _____

Address: _____

City: _____ State: _____ Zip: _____

VP#: _____ E-mail: _____

Single: \$5.00 _____ Couple: \$7.00 _____ Membership Dues: \$ _____

How would you like to receive PSDAA's Newsletter?

E-Mail (free): _____ Postal Mail (\$2): _____ Both (\$2): _____ Postal Mail: \$ _____

Donations:

General Fund: \$ _____ Achievement Hall of Fame Fund: \$ _____

Student Fund: \$ _____ Sports Hall of Fame Fund: \$ _____

Deaf Culture & Heritage Center (PSD Museum): \$ _____

Total Amount: \$ _____

(Dues, Postal Mail and/or Donations)

Mail this membership form along with your payment to the PSDAA to:

Sara Wummer, PSDAA Treasurer; 502 Yale Avenue, Morton, PA 19070-2021

Pay via Zelle: use the email; PSDAATreasurer@gmail.com and please mail the form to the above address

Any questions, contact Susan Beidleman: Membership@psdalumni.org or VP# 610-295-5840