



**Colorado School for the Deaf and the Blind Alumni Association**

**Membership Form**

**Please fill complete the following information and please print.**

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Birth of Date:** \_\_\_\_\_

**Graduate Year:** \_\_\_\_\_ **Left CSDB Year:** \_\_\_\_\_ **VP Number:** \_\_\_\_\_

**Consent to Release Information**

**Do you give CSDB Alumni Association permission to release personally information to order CSDB Alumni through our webpage service: Yes \_\_\_\_\_ No \_\_\_\_\_ or Email Address \_\_\_\_\_ or Mail \_\_\_\_\_**

**Name User:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Membership and Yearly Due are:**

**Senior Citizen (55 years old & Up)**

\$ 10.00 per year

\$ 5.00 per year

\$35.00 per five years

\$ 20.00 per five years

**Payable to CSDBAA**

**Address: Catherine Steinkuehler- Membership Coordinator**

**Videophone Number: (719) 358-2114**

**PO. Box 15745**

**Colorado Spring, Colorado 80935**

**\$30.00 returned check charge (Bounced Check)**

**Check# \_\_\_\_\_ Money Order \_\_\_\_\_ Cashier Check \_\_\_\_\_ Amount: \_\_\_\_\_**

**Date Received: \_\_\_\_\_ Year: \_\_\_\_\_**