



CSDBAA
COLORADO SCHOOL FOR THE DEAF & THE BLIND
ALUMNI ASSOCIATION
MEMBERSHIP/RENEWAL DUES FORM

First Name: _____ Last Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year of Birth: _____ Phone number: _____ Voice Text VP (Circle One)

E-Mail: _____

All members will get information by email including the announcements, meeting minutes, flyers, and events.

Do you prefer us to mail you hard copies of the information instead of email? Yes (\$10.00 Fee) No _____

Are you Alumni or Former/Current Staff? Yes _____ No _____ If you checked "yes", please answer below:

If you are an alumni, enter the year you graduated or when you left CSDB: _____

If you are/was a CSDB staff, enter years you worked: _____ to _____

Can we add your name as a member in our CSDBAA Website? Yes _____ No _____

Your full name Signature

Today Date

Alumni, Affiliate and Community Members

1 Year Membership- January 1st to December 31st, 2025 - \$20

All Membership expiring on December 31 of every year for the new rates.

Make a check or money order to CSDBAA, P.O. Box 16714,

Colorado Springs, Colorado 80935

or make payment on www.CSDBAA.org

Any Questions? – CSDBAA@gmail.com

\$35.00 RETURNED CHECK CHARGE (BOUNCED CHECK)

Office Use Only

Membership #: _____ Confirm Payment Date: _____ Total Amount: \$ _____

Cash _____

Check _____

Money Order _____