



AMERICAN SIGN LANGUAGE ORGANIZATION

MEMBERSHIP FORM

Name: _____ Email: _____

Do you want to be on the email list to know about dates of meetings and events? Yes [] No []

Are you: Hearing [] Deaf [] Hard of Hearing []

To become a Member of this Organization the cost is \$30.00 for the year. This \$30.00 entitles you to be a member as well as entrance to the ASLO membership retreat "Sign Up" on September 12, 2015. Check below if you are attending this amazing opportunity.

Yes, OF COURSE I am coming! [] Sadly, I cannot attend. []

If yes, check t-shirt size: S [] M [] L [] XL [] 2XL []

What is your Major _____ Minor _____

When do you expect to graduate? Fall [] Spring [] Summer [] of 20 _____

Are you currently taking: ASL I [] ASL III [] Classifiers [] Deaf Culture []

If so, who is (are) your instructor(s): _____

Address: _____

Phone: _____ Voice [] TXT [] TTY: _____

Office use only

Dues collected: _____

Gift given: _____

CA [] CK [] CC []

Committee Interest:

Campus and Community Outreach []

Fundraising []

Signing Santa []

Christmas Tree Decorating []

Deaf Culture Event []

Marketing []

Why are you interested in ASL? Are there any past experiences that have impacted your interests?

What do you want to gain from becoming a part of ASLO? What are your expectations for ASLO this year?
