



Deaf Seniors of Georgia

Membership Form

Please Print Clearly!

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

VP: _____

E-Mail: _____

Single/Married/Widow(er)

Spouse or Significant Other Name: (if he/she is included for membership)

Spouse or Significant Other Date of Birth: _____

Wedding Anniversary Date: _____

How do you want to receive the DSG Newsletter? email / mail?

\$15.00 / Person / Year (You may pay extra year(s) in advance)

Make check payable to Bob Green, DSG Treasurer

OR Zelle Payment: dsgtreasurer1@gmail.com

Mail Membership form to:

Membership Chair

Eleanor Foshee

3502 Saint Andrews Way

Augusta, GA 30907

Mail Check to :

DSG Treasurer

Bob Green

2276 Biscayne Dr.

Conyers, GA 30012

Membership Chair Official Only:

Date of Deposit	_____	Money Order \$	_____	Cash \$	_____	Check \$	_____
Zelle Payment \$	_____	Date	_____			Check #	_____