Pennsylvania Educators of Students who are Deaf and Hard of Hearing

This is to certify that

_____

is an active member of this organization
August 1, 2006 to July 31, 2007

Dues are payable to PESDHH. Please mail the Membership Information portion along with your check to Membership Committee c/o Laura Russell, 606 N. Main Street, Port Allegany, PA 16743.

Membership Information ☐ **Renewal** ☐ **New** ☐ **Regular ($20)** ☐ **Student ($5)**

Name: _____

Affiliation: _____

Title/Position: _____

Home Address: _____

_____ Home Phone: _____

Work Address: _____

_____ Work Phone: _____

Email Address: _____

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☐ **Do not** include my email address on the PESDHH Home Page (http://www.pesdhh.org/)

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