

**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, 2004 to July 31, 2005

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 _____

Employer _____

Title/Position _____

Home Address _____

_____ Phone () _____

Work Address _____

_____ Phone () _____

Email Address/URL _____

_____ **Do not print this information in the directory** _____ **Do not include my email/URL on the web page directory**

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