



AMERICAN SIGN LANGUAGE ORGANIZATION

MEMBERSHIP FORM

Name: _____ Email: _____

WKU ID: _____ Day of Birth: _____

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 []

What is your Major _____ Minor _____

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

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

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

Address: _____

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

Committee Interest:

Campus Outreach [] Community Outreach [] Deaf Culture Events []

Fundraising [] Marketing [] Signing Santa []

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

Office use only

Dues collected: _____

Gift given: _____

CA [] CK [] CC []

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