

HEA/SSDP Activist Signup Sheet

Name: _____	Name: _____
School: _____	School: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone/Fax: _____	Phone/Fax: _____
E-mail: _____	E-mail: _____
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Name: _____	Name: _____
School: _____	School: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone/Fax: _____	Phone/Fax: _____
E-mail: _____	E-mail: _____
Subscribe to DRCNet? _____	Subscribe to DRCNet? _____

Name: _____	Name: _____
School: _____	School: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone/Fax: _____	Phone/Fax: _____
E-mail: _____	E-mail: _____
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