

American Sign Language

Program Application Form

N.B. Please fill out ALL required information*.
Incomplete forms or invalid information will not be accepted for application.

**Check only one course you prefer and mail the entire form to:
DC 37 Education Fund, Room 814, 125 Barclay Street, New York, NY 10007-2179.**

*Date (mm/dd/yyyy) _____

*Last Name _____ *First Name _____ *Social Security # _____

*Home Address _____ Apt. # _____

*City _____ *State _____ *Zip _____

*Work Phone _____ *Home Phone _____

E-mail _____

*Work Schedule: Days _____ *Work Schedule Hours (From-To) _____

*Job Title _____ *Agency _____

*Local _____

* Select A Class Location:

Manhattan

- Union Headquarters, Thurs 6:00pm-8:00pm
- Union Headquarters, Sat 10:00am-12:00pm