

THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING ALUMNAE ASSOCIATION
I, INC. BRIDGEPORT, CONNECTICUT

APPLICATION FORM FOR MEMBERSHIP

Date_____

Name_____

(marriage) (maiden) (first)

Address_____City_____State_____Zip_____

Date of
Graduation_____Phone:_____Cell:_____

Email
address:_____

Are you registered in any other state? _____

Please state the branch of nursing in which you are
engaged:_____

What is your present
position?_____

Annual Dues or Application fee: \$10.00_____

\$10.00 Annual Dues are billed for renewal by every January 1st.

This application is to be filled out and returned with the \$ 10 dues/application fee made
out to: BHSNAAI and send to the Treasurer-

(any questions, please call or email Debi Petrushonis- 203-924-9175 or
debptreas@juno.com)

Debi Petrushonis, Treasurer

BHSN AAI

29 Leavenworth Rd.

Shelton, Ct 06484

Date accepted for membership by the Alumnae Association:_____