HOSPITAL SCHOOL OF NURSING ALUMNAE ASSOCIATION I, INC.

Application Form for Membership

			Date:	
Name: (Marriage)	(Ma	iden)	(First)	
Address:	City:	State <u>:</u>	Zip:	
Home phone:_	Cell:			
Email				
Date of BHSN Graduation	n:			
Please state the branch of	nursing in which ye	ou are currently en	gaged in:	
What is your present posi	tion:			
DUES new me	mbers: <u>\$10.00</u>			
Annual Dues w	rill be billed for ever	y January - <u>\$10.</u>	00 (due by January 31	<u>st</u>)
This Application is to be of You can pay by CHECK OR	-	ned with the neces	sary fee to the Treasurer-	
Your payment can be sub set up your Bank paymen c/o Debi Petrushonis, Tre	t account to: BHSN			
Please email (<u>debptreas@</u> Online Banking	juno.com) or mail y	our application w	th a note that you have su	bmitted payment vi
Debi Petrushonis, AAI Tr 29 Leavenworth R Shelton, Ct 06484				
203- 924-9175 Email- debptreas@juno.c	om			
Date accepted for membe	rship by Alumnae A	Association:		