

BRIDGEPORT HOSPITAL SCHOOL OF NURSING

ALUMNAE ASSOCIATION I

\$10 Dues for January, 2017

Name: _____

Address: _____

Phone #: _____ **and/or Cell #** _____

Email Address: _____

Date of Graduation: _____ **Maiden Name:** _____

----- cut here -----

Please keep this lower portion as your receipt.

Please submit your \$10.00 dues by January 31, 2017

**AAI membership will be cancelled if dues are not received by
March 31, 2017 and with due notice.**

If you need to contact the Treasurer: debptreas@juno.com

****Dues can be submitted through
YOUR ONLINE BANKING set up your Bank payment account to:**

**Bridgpt Hosp Sch Alumnae Assoc I - Acct# 20232629
c/o Debi Petrushonis, Treas,
29 Leavenworth Rd, Shelton, CT 06484 phone# 203-924-9175**

If you use Online Banking - please email the Treasurer any address or phone changes.

OR

You can pay by CHECK to BHSNAAI and submit with the upper portion of this bill to:

**Debi Petrushonis, AAI Treasurer
29 Leavenworth Rd, Shelton, CT 06484**