

**HOSPITAL SCHOOL OF NURSING
ALUMNAE ASSOCIATION I, INC.**

Application Form for Membership

Date: __

Name: __ (Marriage) (Maiden) (First)

Address: __ City: __ State: __ Zip: __

Home phone: __ Cell: __

Email _____

Date of BHSN Graduation: _____

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

What is your present position: _____

DUES new members: \$10.00

Annual Dues will be billed for every January - \$10.00 (due by January 31st)

**This Application is to be completed and returned with the necessary fee to the Treasurer-
You can pay by CHECK to BHSNAAI**

OR

**Your payment can be submitted through YOUR ONLINE BANKING
set up your Bank payment account to: BHSN Alumnae Assoc I-Acct# 20232629**

c/o Debi Petrushonis, Treas,

**Please email (debptreas@juno.com) or mail your application with a note that you have submitted payment via
Online Banking**

**Debi Petrushonis, AAI Treasurer
29 Leavenworth Rd.
Shelton, Ct 06484**

203- 924-9175

Email- debptreas@juno.com

Date accepted for membership by Alumnae Association: _____