

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 31<sup>st</sup>)**

**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 ([debp320@gmail.com](mailto:debp320@gmail.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- 231-3306**

**Email- [debp320@gmail.com](mailto:debp320@gmail.com)**

**Date accepted for membership by Alumnae Association: \_\_\_\_\_**