

**Alumnae Association II  
Of  
The Bridgeport Hospital School of Nursing**

**Application Form for Membership  
Endowed Bed**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last (Maiden) First

Address \_\_\_\_\_ Tel. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Are you a member of BHSN Alumnae Association I \_\_\_\_\_ (yes) \_\_\_\_\_ (No)

Annual Dues: \_\_\_\_\_ \$15  
(Next billing date October 2026)

**This application is to be filled out with the necessary fee, paid to AAll BHSN, and return to the Secretary: Helen Pappano, 203-521-8691, [helenpappano@sbcglobal.net](mailto:helenpappano@sbcglobal.net)**

**Helen Pappano, AAll Secretary  
105 Brookfield Rd  
Seymour, Ct 06483**

**Current Membership in the Bridgeport Hospital School of Nursing Alumnae Association I is required.**