BRIDGEPORT HOSPITAL SCHOOL OF NURSING ALUMNAE ASSOCIATION I \$10.00 Dues for January,

Phone #:&/or cell#: Email address:	Please update as necessar	ry:
Date of graduation:	-	-
cut here	Email address:	
Please keep this lower portion as your receipt. Please submit your \$10.00 dues by January 31,	Date of graduation:	Maiden Name:
AAI membership will be cancelled if dues are not received by March 31, and with due notice. If you need to contact the Treasurer- debp320@gmail.com **Dues can be submitted through YOUR ONLINE BANKING set up your Bank payment account to : BHSNAA1, Acct#2023262 c/o Debi Petrushonis, Treas 29 Leavenworth Rd, Shelton, Ct 06484 phone# 203-231-3306 If you use Online Banking- please email the Treasurer any change in Address, Phone, Email or Name: debptreas@juno.com OR You can pay by CHECK to BHSNAA1 and submit with the Upper portion of this bill to:		
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Debi Petrushonis, AA1 Treasurer	Uppe	r portion of this bill to:
	Debi Pe	trushonis, AA1 Treasurer
29 Leavenworth Rd.		
Shelton, CT 06484	1	Shelton, CT 06484