

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

Please update as necessary:

Phone #: _____ &/or cell#: _____

Email address: _____

Date of graduation: _____ Maiden Name: _____

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Please keep this lower portion as your receipt.

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

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#20232629
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 changes
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:

Debi Petrushonis, AA1 Treasurer
29 Leavenworth Rd.
Shelton, CT 06484