



WCSU Alumni Nursing Society

Membership Form

**Please print, complete and return this form along with your donation, by May 1 to:
WCSU Alumni Office, Attn: Alumni Nursing Society, 181 White Street, Danbury, CT 06810.**

Name _____

Phone (H) _____ (W) _____

E-Mail _____

Street _____

City _____ State _____ Zip _____

- Yes, I want to join the WCSU Alumni Nursing Society. \$25_____
- Yes, I want to renew my WCSU Alumni Nursing Society. \$25_____
- Yes, I want to donate \$ _____ to the **Nursing Labs Campaign.**
- Enclosed is my membership payment of \$5 plus an additional donation for a total of \$_____

Preferred Payment Options:

Check (payable to WCSU Foundation/Alumni Nursing Society)

Visa MasterCard Discover AMEX

Credit Card # _____ Security Code _____ Exp. _____

Name on Card _____

Signature _____

News Updates: Let us know what you have been up to professionally and personally (career moves, accomplishments, retirement, etc.)
