



# WCSU Alumni Nursing Society

## Membership Form

Please print, complete and return this form along with your payment by June 30<sup>th</sup> 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. Enclosed is my membership payment of **\$25** plus an additional donation of \$\_\_\_\_\_ 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 (for publication in The Cupola magazine):

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

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For more information about the WCSU Alumni Nursing Society, visit [www.wcsu.edu/nursingalumni](http://www.wcsu.edu/nursingalumni).