



Boston City Hospital School of Nursing Alumni Association

Membership Application

Annual dues for members are \$25.00 payable in advance to the Treasurer of the organization.

*The current membership is **670**; of that there are **290** paying members. The other **380** do not pay dues because they have reached their 50th year since graduation or are honorary members.*

The goal of the Board is to keep the organization solvent and active as long as membership continues. *To ensure that both the General Fund and the Scholarship Fund remain solvent, we are accepting donations. Your donation can be designated to the General fund or Scholarship Fund.*

Please complete form and send payment to Treasurer.

Make check payable to BCHSNAA

Mail to:

Margaret McCarthy Mogan
5 Pauline Drive
Andover, MA 01810
978-474-4259
12EM00@comcast.net

Name: _____

Maiden: _____

Address: _____

Year of Graduation: _____

Phone: _____

Email: _____

Dues: _____

Donation: _____

General Fund

Scholarship Fund