



WCSU Alumni Nursing Society

Membership and Pledge Form

Please print, complete and return this form along with your payment by May 1st 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

Credit Card # _____ Exp. _____

Name on Card _____

Signature _____

News Updates (for publication in the Alumni News magazine):

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

For more information about the WCSU Alumni Nursing Society, visit www.wcsu.edu/nursingalumni.