

St Elizabeth's Hospital SON Alumni Membership Form

Welcome/ Welcome back as a member to the St Elizabeth's Hospital School of Nursing Alumni Association

Your Alumni Association membership dues are \$15.00 yearly. (Dues are sent out in January and must be paid by April 1st of each year following your initial join/rejoin.

Please detach below and return the form and your payment to Ann McCarthy Hesketh; Treasurer:

NAME/MAIDEN NAME AND ANY OTHERS: _____

MONTH and YEAR OF GRADUATION: _____

ADDRESS: _____

TELEPHONE NUMBER/NUMBERS: _____

EMAIL ADDRESS: _____

Amount enclosed: \$_____

If you are interested in taking an active role on the Alumni Association Board please check here ___

Thank You

**Ann McCarthy Hesketh
72 Fearing Drive
Westwood, MA. 02090**

Form revised 10/ 27/2023