

The Western Pennsylvania Hospital School of Nursing Alumni Association

Alumni Association Dues Form

Please print all information and return with a check made payable to the *Alumni Association* for **DUES ONLY** to:

Alumni Association
The Western Pennsylvania Hospital School of Nursing
4900 Friendship Avenue
Pittsburgh PA 15224

Name: _____

Class: _____ Last name at graduation: _____

Address: _____

City / State / ZIP Code: _____

Telephone number with area code: _____

E-mail address: _____

Regular dues per year are \$25.00.

Supporting membership dues are any amount over \$25.00.

Amount enclosed: _____