

**The Western Pennsylvania Hospital School of Nursing
Alumni Association**

Dues Form

Every graduate is a member of our alumni association, but providing dues enables the Association to fulfill its mission to connect alumni, to support the School of Nursing and its current students. We ask you to be as generous as you can. Thank you!

Select a membership contribution level.

_____ Regular Member \$50

_____ Supporting Member \$50+

Amount enclosed: _____

Current Name: _____

(Please print clearly)

Name at Graduation: _____

Address (include zip code): _____

Graduation Year: _____

Phone Number (including area code): _____

Email (newsletters will also be sent electronically): _____

Please make checks payable to:

Alumni Association of West Penn Hospital School of Nursing

Mail to:

WPHSONAA
2400 Ardmore Blvd. Ste. 302
Pittsburgh, PA 15221