

**Hampton University Nurses Alumni Association
Membership Application**

Local Chapter

Please complete and return to the address below

Membership Information

Please check the appropriate box:

- New Member
 Renewal

Annual Membership Dues \$30.00

Assessment \$20.00

Total \$50.00

Personal Information

Year of graduation _____

Last Name _____

First Name _____

Maiden Name _____

Address Street _____

City _____ State _____

Zip _____

Title of present position: _____

Home phone: _____

Business phone: _____

E-Mail: _____

Make check payable to: **Hampton University Nurses Alumni Association**

Send payments to: Financial Secretary

Hazel L. Ruff

518 Heatherwood Loop

Newport News, VA 23602

Telephone # (757) 898-3564