New Membership Application

Membership with either location designates you a member of The Hospital of Central Connecticut Auxiliary organization

Full Name: _______________________________________________________________

Address: __________________________________________________________________

City: ______________________ State: _____ Zip Code: _______________________

Phone Number: _________________________ E-mail: _______________________

Membership Dues (choose one):

**New Britain General Campus Auxiliary Program**

___ Regular $20 ___ Patron $75 ___ Life $250

Please make check payable to HOCC New Britain General Auxiliary

**Mail this form to:**
The Hospital of Central Connecticut Auxiliary
c/o Membership Chair
100 Grand Street
New Britain, CT 06050

**Bradley Memorial Campus Auxiliary Program**

___ Regular $15 ___ Patron $50 ___ Life $200

Please make check payable to HOCC Bradley Memorial Auxiliary

**Mail this form to:**
The Hospital of Central Connecticut Auxiliary
c/o Membership Chair
81 Meriden Avenue
Southington, CT 06489

Revised 07.25.17