

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