

## New Membership Application

**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### Membership Dues (choose one):

#### **Bradley Memorial Campus Auxiliary Program**

\_\_\_ Regular \$15 \_\_\_ Patron \$50 \_\_\_ Life \$200

*Please make check payable to HOCC Bradley Memorial Auxiliary*

#### **Mail this form along with payment to:**

The Hospital of Central Connecticut  
Auxiliary at Bradley Memorial Campus  
c/o Membership Chair  
81 Meriden Avenue  
Southington, CT 06489