



New Membership Application

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-mail:** _____

Membership Dues (choose one):

HOCC AUXILIARY at NEW BRITAIN GENERAL

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

Please make check payable to: HOCC Auxiliary at NBG

Mail this form along with payment to:

Hospital of Central Connecticut
Auxiliary at New Britain General
c/o Membership Chair
100 Grand Street
New Britain, CT 06050