



Active Member Dues Payment Form - Phillips School of Nursing Alumni Association

776 Avenue of the Americas, 4th Floor New York, NY 10001

Email: alumni.association@mountsinai.org

Please print clearly and return this form by mail with your payment.

Date: _____

Name: Last: _____ First: _____ M.I. _____

Last Name while attending PSON: _____

Year of Graduation from PSON: _____

Mailing Address: _____ Apt No. _____

City: _____ State: _____ Zip: _____

E-mail Address*: _____

Telephone: Home: _____ Cellular: _____

*** email is how we will be communicating with you – please print clearly and notify us of any changes so you can stay up-to-date with Alumni news!**

Make Check** Payable to “**Phillips School of Nursing Alumni Association**” and mail to the Address listed above.

\$ 50.00 Annual Dues are \$50.00

\$ _____ Additional Donation to support programs and scholarships

\$ _____ **Total** amount of check enclosed

**** We accept electronic checks from on-line banking or personal checks mailed to the address above.**

You may submit dues via PayPal at this time via the Alumni.Association@mountsinai.org email address. Please ensure you provide Name, Address, Phone Number and Year of Graduation, and any additional information in the Comments field.

It is our goal to reconnect with each and every one of our alumni. If you are in touch with classmates that are not receiving communications from PSON Alumni Association, please share this form with them and have them contact us. You can send us your update via our email at: alumni.association@mountsinai.org in the space below, please share with us any of your news that you may like to communicate with others via the Alumni Association Newsletter. And share your ideas with us and let us know what you would like the Association to do for you – we are here for you!