

*The Hospital of Central Connecticut Auxiliary
Application For New Membership*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Your membership with either the New Britain General or Bradley Memorial Auxiliary programs makes you a member of The Hospital of Central Connecticut Auxiliary organization.

Dues

New Britain General campus Auxiliary Program

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

Please make check payable to HCC New Britain General Auxiliary

Bradley Memorial campus Auxiliary Program

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

Please make check payable to HCC Bradley Memorial Auxiliary

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