

Geisinger Medical Center School of Nursing Dues  
Statement for GMC Alumni Association Fiscal Year:  
January 1, 2015 to December 31, 2015  
Please send dues by Oct. 31, 2014



Please complete:

Name \_\_\_\_\_  
(First) (Graduation) (Married)

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (Street, RR, Box #)

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ (Shared only with classmates if given)

Class of \_\_\_\_\_

Dues: \_\_\_\_\_ \$5 per year

General Alumni Fund \_\_\_\_\_ (Donation enclosed)  
(Used by Alumni Association to meet yearly obligations)

If your last name has changed since you received your last mailing, please fill in this blank with your previous mailing name: \_\_\_\_\_

Honorary Members (those who have received notification) - No dues required  
Please contact Nancy if you have questions about your honorary status.

Make all checks payable to Nurse's Alumni Association.

Mail to:

Mrs. Nancy Doran  
210 Welsh Road  
Danville, PA 17821  
egdoran@verizon.net