

*Infection Control Nurses of Connecticut
New Haven Chapter*

Membership Application
2012 Membership dues

Name: _____

Facility _____

Address:

Email: (Please print clearly)

Phone: (w) _____
(cell) _____

Fax # _____

\$35 yearly membership dues. Please make check payable to ICNC
Bring application to next meeting or mail this form with check to:
Raeann Paparello
127 Round Hill Road
Middletown, CT 06457-6135

