



*Infection Control Nurses of Connecticut*

Membership application

*New Haven chapter*

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Membership dues are \$35 per calendar year

Please make check payable to ICNC & send to:

Raeann Paparello RN

CT Valley Hospital

1000 Silver Street

Merritt Hall

Middletown, CT

860- 262-6383

Fax: 860 262 6052

