Thank you for your interest in the Alumni Association of the Reading Hospital School of Nursing. Please use the form below to renew your membership or to make a donation to the General Fund.

Checks for membership dues are payable to the Alumni Association of TRHSN. Please print this form and mail to: Alumni Association of TRHSN, PO Box 6248, Wyomissing, PA 19610

Name_____ Maiden Name_____
Name at Graduation_____ Year of Graduation_____
Address_____ Phone_____
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