

**Watts School of Nursing Alumni Association
3643 North Roxboro Road
Durham, North Carolina 27704-2763**

Please complete this form and mail to address below with your annual dues.

Last Name: _____ **First:** _____

Maiden: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Year Graduated: _____ **Telephone:** (____) - (____ - _____)

**Place of
Employment:** _____

NEW News to Share:

Amount Submitted for Dues: _____

(Note: Yearly dues are \$30.00 which covers November 1 – October 31)

I would like to receive future [Alumni News](#) by:

- Email Current Email Address: _____
 Website Only
 Postal Mail

Mail to: **Reba Beavers
3643 N. Roxboro Road
Durham, N.C. 27704-2763**