



***BLESSING NURSES***

***Alumni Association***

**BNAA Dues Payroll Deduct Form**

Name (Print): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Department: \_\_\_\_\_

Employee Number: \_\_\_\_\_

I authorize Blessing Hospital to deduct \$20.00 from my next paycheck for payment of the Annual Blessing Nurses' Alumni Association dues.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Marketing@brcn.edu**