

**The School of Nursing
Alumni Association
Danville, VA 24541**

*** Membership Information**

The Alumni Association is a voluntary organization comprised of graduates of the School of Health Professions Nursing Program (formerly the School of Nursing). Its purposes are to encourage the continued advancement of the nursing profession, promote fellowship among members, continue interest in the school, and encourage graduates to continue professional growth. Faculty of the School of Health Professions Nursing Program are also welcome to participate in the activities of the Association.

*** Active Membership**

Your annual dues entitle you to informational mailing, voting privileges, and the opportunity to hold office. Renewal notices will be sent each year in the fall.

*** Honorary Membership**

Honorary membership may be conferred upon individuals the Alumni Association wishes to honor because of outstanding service to the school of Nursing or the Alumni Association. All privileges of active membership except voting, holding office and serving as committee chairpersons will be maintained. Your support through membership and participation in alumni activities is appreciated.

*** Alumni Projects**

1. Keep alumni informed about activities of the School of Nursing Alumni Association.
2. Participate in activities honoring School of Health Professions Nursing Program graduates.
3. Give a \$250 Alumni Award at graduation to a graduating student selected by the faculty based on the Alumni Award criteria set forth by the Alumni Association.
4. Distribute the SON Alumni Association newsletter.
5. Sponsor, plan, and implement, the SON Alumni Association Christmas Luncheon.
6. Plan and implement the SON Alumni Association Reunions.
7. Bestow upon members of each year's graduation class one year of membership in the Alumni Association at no cost to the recipient.

*** March, June, & September Alumni Meetings are held on the 2nd Monday of the month at 12 Noon at Stratford Inn, Riverside Drive, Danville, VA 24541**

*** Our December meeting is the Christmas Luncheon.**

*** Please make sure the School of Nursing has your updated name and address.**

**Membership Form
Dues - \$10**

*** Donations may also be made to the Alumni in honor or memory of an Alumni.**

Amount \$ _____

*Please detach this entire section
and mail in with your dues check.*

*** Make checks payable to:**

**The School of Nursing Alumni Association,
DRMC School of Nursing
142 S. Main Street, Danville, VA 24541**

Name: _____

Home Address: _____

City _____

State _____ Zip _____

Phone:(H) _____ (W) _____

Present Position _____

Employer _____

Employer's Address _____

City: _____ State: _____ Zip _____

CLASS of _____

*In honor of _____

Class of _____

*In memory of _____

Class of _____

Please share news for our SON Alumni Association Newsletter (awards, promotions, interesting experiences, travels, etc.) on back page of this pamphlet.

