

CONNECTICUT AFTER SCHOOL NETWORK

MEMBERSHIP APPLICATION FORM

NAME (FIRST, LAST)

PHONE (HOME)

PROGRAM

(WORK)

ADDRESS

(FAX)

CITY

STATE

ZIP CODE

EMAIL

MEMBERSHIP FEE - \$50.00 per person

Benefits:

- Discount for the Connecticut After School Network Annual Conferences, on-site trainings and other Network events
- Access to Resource Library, more than 250 print and digital resources on a huge variety of afterschool topics (with free return postage like Netflix)
- Job posting privileges on the Network website
- Eligibility for Network Board of Directors and to vote in the Connecticut After School Network Board of Directors elections

Number of Memberships _____ x \$50.00 = _____ Total Membership Amount.

Print this form and mail it with your payment to: Connecticut After School Network, Inc. / 12 Melrose Ave. / Branford, CT 06405

Please invoice me. I will pay later.

FOR ADDITIONAL MEMBERSHIPS FROM THIS ORGANIZATION PLEASE ENTER THE NAME AND EMAIL ADDRESS FOR EACH PERSON BELOW:

#	NAME (FIRST, LAST)	EMAIL/HOME PHONE
1		
2		
3		
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IF YOU HAVE MEMBERSHIP QUESTIONS, CONTACT THE NETWORK OFFICE BY PHONE 203-483-1846 OR EMAIL

INFO@CTAFTERSCHOOLNETWORK.ORG