

CONNECTICUT AFTER SCHOOL NETWORK

MEMBERSHIP APPLICATION FORM

NAME (FIRST, LAST)

PHONE (HOME)

ORGANIZATION

(WORK)

ADDRESS

(FAX)

CITY

STATE

ZIP CODE

EMAIL

YES! Sign me up for my FREE National AfterSchool Association Ambassador level membership too!

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.

If you wish to register for multiple people from your organization at the same time, please provide the full name and an individual email address for each person. Cannot be a duplicate email.

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

INFO@CTAFTERSCHOOLNETWORK.ORG