

# MEMBERSHIP APPLICATION – 2015/2016

## CONNECTICUT LOCAL ADMINISTRATORS OF SOCIAL SERVICE (CLASS)

Please complete the following as you would like it to appear in the CLASS Membership Directory. Please print or type.

City/Town Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Name:	Title:	Email:	Amount:
_____	_____	_____	\$80
Regular Member			
_____	_____	_____	\$40*
Associate Member			
_____	_____	_____	\$40*
Associate Member			
_____	_____	_____	\$40**
"Friend of CLASS" Member			

Prepayment of **all 8 Monthly Trainings** at \$25/month (\$200/yr./person) x # of attendees \_\_\_\_ = \$ \_\_\_\_\_ \*\*\*  
**OR** you may choose to pay monthly when you register for each training

**Total Amount of Enclosed Payment** (*membership + prepaid trainings*): \$ \_\_\_\_\_

I am interested in working on the following committees (circle choices):  
 Membership, Program, Conference, By-Laws, Finance, Hospitality, Legislation, Nominating

**Early Bird Deadline** checks and applications must be received by: **June 30, 2015**

**Final deadline** to receive discounted admission to our annual conference and to be included in the CLASS directory: **August 1, 2015.**

**Return this completed application along with a check made payable to CLASS, Inc. to:**

**Heather Castrilli**  
**Town of Madison**  
**Madison Senior Center**  
**29 Bradley Rd.**  
**Madison, CT 06443**

- \* Each town must have one regular member in order for additional staff to join as Associate Members. Associate Members are \$40 each.
- \*\* "Friend of CLASS" Membership is \$40 per member.
- \*\*\* If you choose to prepay for the monthly trainings, you must prepay for all 8 trainings. No credits will be given for prepaid Monthly Trainings that you do not attend.