

**MEMBERSHIP APPLICATION – 2014/2015
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

Return this completed application along with a check made payable to CLASS, Inc., no later than June 30, 2014 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.

In order to receive discounted admission to our annual conference and for your information to be included in the CLASS Directory, **please return your completed application and payment by August 1 2014.**