

Membership Application, Classical Association of Connecticut, Inc.

_____ I enclose twenty dollars (\$20.00) for membership for one year in the Classical Association of Connecticut, Inc.

_____ I am retired. I enclose ten dollars (\$10.00) for membership for one year in the Classical Association of Connecticut, Inc.

_____ I am a full-time student. I enclose ten dollars (\$10.00) for one year in the Classical Association of Connecticut, Inc.

_____ I enclose sixty dollars (\$60.00) for membership for 3 years in the Classical Association of Connecticut, Inc.

_____ I am retired. I enclose thirty dollars (\$30.00) for membership for 3 years in the Classical Association of Connecticut, Inc.

_____ I enclose \$ _____ as a donation to the Classical Association of Connecticut.

_____ I enclose \$ _____ as a donation to the John Carter Williams Endowment Fund.

NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

SCHOOL _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ SCHOOL PHONE _____

SUBJECTS I TEACH _____

EMAIL ADDRESS _____

ClassConn membership is on an annual basis according to the fiscal year, from August 1 through July 31 of the following year. Your current membership expiration date can be found on your mailing label. Please make checks payable to "ClassConn" and send payment to:

Mr. Stephen Pingree, ClassConn Treasurer, 210 Merrow Road, Coventry, CT 06238
e-mail: magisterp@charter.net Phone: 860-742-3114