

ConnCASE

Connecticut Council of Administrators of Special Education
An Affiliate of the Council for Exceptional Children

2017 - 2018

APPLICATION FOR MEMBERSHIP

Please check one: NEW RENEWAL

Name: _____ Title: _____

School: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____ Website: _____

ConnCASE Region #: _____ (check map enclosed)

Please check applicable membership category:

_____ Individual Membership \$200

_____ Retired Membership \$60

_____ Associate Membership \$60
(i.e. dept. chair, secretary or admin. assistant)

Mentoring Program: (if you checked yes, the committee will contact you)

_____ **Yes, I am interested:** _____ Mentor* _____ Mentee*

***Mentor:** In your current position for a minimum of 3 – 5 years and must be at the Director level)

***Mentee:** In your current position for a minimum of 2 years or less)

_____ **No, not at this time**

Please make checks payable to **ConnCASE** and send application to:

Allyson Deckman, Association Executive
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Phone: 860.548.1747 Fax: 860.541.6484
info@conncase.org - www.conncase.org