

ConnCASE

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

2018 - 2019

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

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:

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Phone: 860.548.1747 Fax: 860.541.6484
info@conncase.org - www.conncase.org