



CTPEN Group Membership Application

Rolling Admission

Agency Application -- 3 or more Employees

Name of Agency: _____

Address: _____

Town: _____

Zip Code: _____

Phone: _____

Fax #: _____

Website: _____

Main Contact: _____

Email: _____

Phone: _____

PLEASE PRINT NAME & EMAIL ADDRESS OF STAFF TO BE ENROLLED:

Registration Fees

Group Membership Fee: \$25 x Number of Employees: _____

Subtotal: _____

Total Due: _____

Make your check payable to: CT-PEN

Print this application

Send application and check to: Carol Corliss, O'Connell School Family Resource Center, 120 Park Street, Bristol, CT 06010.