



CTPEN Individual Membership Application

Rolling Admission

Member Information

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Town: _____

Zip Code: _____

Phone: _____

Email: _____

Membership Fees: Individual Membership Fee: \$30

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.

Please indicate your interest in –

- Attending Leadership Team Meetings
- Planning the Annual Conference
- Joining a Regional CT-PEN Group
- Joining the Credential Review Panel
- Serving as a Curriculum reviewer
- Serving as a Workshop reviewer

Special Skills, Talents and Training that you can offer CT-PEN and its member's -
