



CAPSEF *Founded 1974*

Connecticut Association of Private Special Education Facilities

701 Hebron Avenue – Third Floor – Glastonbury, CT 06033 – P. 860.525.1316 – F.860.541.6484 www.capsef.org

September 7, 2017

Dear CAPSEF Member:

The Connecticut Association of Private Special Education Facilities would like to thank you for continuing to be a member and supporting our organization. We hope you will once again be part of an organization that is *moving towards the future*. Particularly in these challenging economic times, support and collaboration with colleagues seems more important than ever.

Attached you will find an invoice for the 2017-2018 CAPSEF Membership Renewal Dues. Please note that your payment is based on actual enrollment as of **May 1, 2017**. **Please be sure to mail your dues no later than Friday, October 6, 2017**. If circumstances arise to delay payment, please call CAPSEF prior to that date.

We continue to update our Membership Directory and website; please send along any new information about your school. We also ask that you send any of your school's brochures as we would like to keep them for anyone that may inquire about our member schools.

Enclosed, please find the 2017-2018 CAPSEF Meeting Schedule. We would like to emphasize that our membership meetings which will focus on topics related to the "Hot Topics" facing private special education facilities. CAPSEF's Annual Conference will be held at the **CT Convention Center, located in Hartford, CT, on Wednesday, March 21, 2018**.

We are looking forward to an even more exciting year with increased collaboration to address the many challenges we face. Your membership is *very important* to us and, we hope, to you as well. Please feel free to call the CAPSEF Office at 860-525-1318, if you should have any questions.

Respectfully,

Jane Morris

Jane Morris
Membership Co-Chair
CAPSEF

Enclosures

CAPSEF INVOICE 2017-2018
Membership Renewal Application

CAPSEF Contact

Name/Title: _____

Contact Phone: _____ Cell Phone/Pager: _____

(will not be published)

Fax Number: _____ Email: _____

School: _____

Address: _____

**Our correspondence will be through an email listserve. Please be sure to add
allyson@ctcapitolgroup.com to your spam filter.**



A. Base Rate for Membership \$500.00

B. Number of Actual Students _____ x \$10.00 per student \$ _____
(as of May 1st, 2017)

Total Amount Due (A+B) \$ _____

For Example:

\$500.00 Base Rate + 80 students x \$10.00 per student = Total Amount Due \$1,300.00

\$2,250.00 membership cap for 2017-2018

Please note that 30% of dues are used for lobbying efforts and are nondeductible.

Please make checks payable to CAPSEF and mail to:

CAPSEF Office

ATTN: Allyson J. Deckman

701 Hebron Avenue, 3rd Floor, Glastonbury, CT 06033