

CAPSEF INVOICE 2016-2017
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(will not be published)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, 2016)

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 2016-2017

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

330 Main St., 3rd Floor, Hartford, CT 06106

After October 1, 2016 Please mail to:

CAPSEF Office

ATTN: Allyson J. Deckman

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