

Membership Application, Classical Association of Connecticut, Inc.

The Classical Association of Connecticut, Inc. is the Connecticut statewide organization formed:

- *To foster excellence in the teaching of classical languages and civilizations within the schools, colleges and universities of Connecticut,*
- *To advance the study of classical languages and civilizations and research therein, the diffusion of knowledge thereof, and the continuing education of teachers of such subjects, and*
- *To sponsor student activities pertaining to classical languages and civilizations.*

_____ I enclose twenty dollars (\$20.00) for membership for one year in the Classical Association of Connecticut, Inc. My membership will expire on July 31, 2018.

_____ I am retired. I enclose ten dollars (\$10.00) for membership for one year in the Classical Association of Connecticut, Inc. My membership will expire on July 31, 2018.

_____ I am a full-time student. I enclose ten dollars (\$10.00) for one year in the Classical Association of Connecticut, Inc. My membership will expire on July 31, 2018.

_____ I enclose sixty dollars (\$60.00) for membership for 3 years in the Classical Association of Connecticut, Inc. My membership will expire on July 31, 2020.

_____ I am retired. I enclose thirty dollars (\$30.00) for membership for 3 years in the Classical Association of Connecticut, Inc. My membership will expire on July 31, 2020.

_____ I enclose \$ _____ as a donation to the Classical Association of Connecticut.

_____ I enclose \$ _____ as a donation to the John Carter Williams Endowment Fund.

NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

EMAIL ADDRESS _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

SCHOOL CITY/STATE/ZIP _____

SCHOOL PHONE _____

SUBJECTS I TEACH _____

ClassConn membership is on an annual basis according to the fiscal year, from August 1 through July 31 of the following year. Membership expiration date can be found on your mailing label.

Please make checks payable to **ClassConn** and send payment to:

Mr. Paul Giblin, 165 Pine Tree Ln, South Windsor, CT 06074

[e-mail: phgiblin@gmail](mailto:phgiblin@gmail.com) Phone: 203-506-3250