



Connecticut Association of Senior Center Personnel

2017-2018

Membership Application

Membership fees are now payable for 2017-2018 year (September 1-August 30)

***Please complete and submit with full payment ***

Contact Andrea Cofrancesco if your municipality requires our W-9 to process payment.

Municipality: _____

Senior Center: _____

Address: _____

Website: _____

Primary Member: _____

Title: _____ Email: _____ Phone: _____ \$ 50

2nd Member: _____

Title: _____ Email: _____ Phone: _____ \$ 50

3rd Member: _____

Title: _____ Email: _____ Phone: _____ \$ 25

4th Member: _____

Title: _____ Email: _____ Phone: _____ \$ 25

Total amount of payment enclosed: \$ _____

Return this completed application with a check made payable to **CASCP** to:

**Andrea Cofrancesco, Membership Chair
South Windsor Senior Center
150 Nevers Road
South Windsor, CT 06074**

For questions regarding membership please contact: Andrea Cofrancesco, Membership Chair
andrea.cofrancesco@southwindsor.org 860-648-6357