

# CARC Membership Dues Form

Fiscal Year 2010-2011

TYPE (Choose one)	Level	Membership Fee	Amount
<input type="checkbox"/> Full Member	Entire Agency Operating budget (not including capital or pass-through) : <input type="checkbox"/> > \$1 million <input type="checkbox"/> \$500,000 – \$999,999 <input type="checkbox"/> < \$500,000	<input type="checkbox"/> \$300 <input type="checkbox"/> \$250 <input type="checkbox"/> \$200	\$ _____
<input type="checkbox"/> Affiliate Member (Agency)		<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Affiliate Member (Individual)		<input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> I cannot afford to donate at this time. All donations are tax-deductible.	
<input type="checkbox"/> Additional gift		<input type="checkbox"/> \$ _____	\$ _____
<b>Make checks payable to:</b> CARC  <b>Mail payments to:</b> CARC 110 Bartholomew Avenue, Suite 4000 Hartford, CT 06106		Total Due  Total Enclosed	\$ _____  \$ _____

**Contact information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_