



Vernon Community Network Membership 2017-201

Renewal: *New member:

Today's date: _____

Agency Name: _____

Address: _____ Tel: _____
_____ Fax: _____

_____ Cell: _____

Email Address: _____ Web: _____
_____ FaceBook: _____
_____ Twitter: _____

Representative Information: *Per the VCN By-laws each member agency may appoint two agency representatives with only one representative having voting rights at any given meeting.*

Representative Names:

_____ Title: _____
_____ Title: _____

Add'l Contacts Names & E-Mails: _____

Please list any other Organizations, (Boards, Committees, Commissions, Task Forces, Working Groups) you are connected with that would be of interest to the VCN membership: _____

Please suggest speakers/presentations for upcoming VCN meetings: _____

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*** Article 2, Sec. 3 for the VCN By-laws:** *New members either individual or agencies, upon application, shall be admitted to the Network subject to approval of the Executive Committee.*

Membership Dues: Agency = _____ \$40 annually Individual = _____ \$15 annually

Please make out your check to VCN and mail to: **Vernon Community Network
P O Box 1426
Vernon, CT 06066**

For questions on membership, please contact Bryan Flint, BryanFlint@aol.com 860/670-0587 (c)

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VCN Use only: Check #: _____ Amount: _____ Date Written: _____ Date rec'd: _____