



"THE VERNON COMMUNITY NETWORK IDENTIFIES AND COORDINATES RESOURCES FOR THE ENRICHMENT OF THE COMMUNITY."

**Vernon Community Network
Membership 9/1/19 – 8/31/20**

Renewal:

* New Member:

Today's date: _____

Agency Name: _____

Address: _____

Phone: _____

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: _____

Please list any other Organizations (Boards, Committees, Commissions, Task Forces, Working Groups, Clubs) 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 = \$45 Annually Individual = \$35 Annually

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

For questions on membership, please contact Robin Kohler, rkohler@kidsafect.org, 860-872-1918

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VCN Use Only: Check #: _____ Amount: _____ Date Written: _____ Date Received: _____