



CONNECTICUT PUBLIC EMPLOYER LABOR RELATIONS ASSOCIATION

DUES INVOICE

Please complete this form and return it with payment to **ConnPELRA, P.O. Box 1028, Glastonbury, CT 06033.**

Please use one form per person.

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

Membership Description:

Please indicate the type of membership desired:

- Agency Membership \$175.00
- Agency Individual - \$ 50.00
- Affiliated Membership \$175.00
- Affiliated Individual - \$ 50.00

For Agency / Affiliated Individual, supply the name of the sponsoring Agency / Affiliated Member:

Total Due ConnPELRA : \$ _____ (*total from above*)