



Note: This form is for public or private schools joining individually. District membership in CLC is also available for school libraries and usually results in significant cost savings; please see the School District membership form for more information.

SCHOOL NAME: _____

LIBRARY / MEDIA CENTER NAME (if different): _____

ADDRESS: _____

OFFICIAL REPRESENTATIVE: _____

Note: This is the individual authorized to approve invoices and to vote on behalf of the school at CLC meetings.

EMAIL: _____

PHONE: _____ FAX: _____

URL: _____

****Please attach a list of all staff covered by this membership, or email an electronic copy to clc@ctlibrarians.org. Include job title, email and phone (if different from above) for each staff member. ****

DUES PAYMENT

CLC school dues are based on total student enrollment, with a **minimum payment of \$130** and a **maximum of \$660**. To calculate, multiply your school's fall 2017 (or later) enrollment by \$.21.

Enrollment = _____ x \$.21 = 2019 DUES = \$ _____ (min \$130, max \$660)

PLEASE NOTE: Upon receipt of this form, CLC will invoice your school for 2019 membership dues. The invoice will be sent via email to the Official Representative named above at the email address specified above, unless you request otherwise.

Questions about membership? Contact CLC Member Relations - members@ctlibrarians.org or 860.344.8777.

Thank you for your CLC membership!