



ConnPELRA Principal/Agency Only Membership Application

Date: _____

Agency: _____

Principal #1 Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

Contact ID Number: _____

AGENCY ONLY Member #1 Name: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

Contact ID Number: _____

AGENCY ONLY Member #2 Name: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____

AGENCY ONLY Member #3 _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (required): _____



Agency Principal Membership - \$205 annually

Open to any unit of local government, any institution of higher education or department or agency of state government or inter-governmental organization. Agency Principal membership carries one (1) National PELRA/ConnPELRA membership.

Agency Principal Membership includes one (1) National PELRA/ConnPELRA Membership plus ConnPELRA AGENCY ONLY Memberships.

Agency Membership \$50 annually (ConnPELRA Membership ONLY)

Must have an active Agency Principal Membership. Open to any unit of local government, any institution of higher education or department or agency of state government or inter-governmental organization. Not eligible for discounts on any National PELRA events or products.

Do you represent management exclusively? Yes No

The jurisdiction I represent Does Does Not, deal with employee unions/associations.

Please email application to Krista@NPELRA.org.

For Further Questions please call National PELRA at 858.299.3150

To Pay by Check:

Agency Principal Memberships will mail check to: National PELRA
10951 Sorrento Valley Road, Suite 2K
San Diego, CA 92121

Payments for **AGENCY ONLY** Memberships will be sent to:

ConnPELRA
c/o Mitch Goldblatt
P.O. Box 1028
Glastonbury, CT 06033

To Pay by Credit Card: MasterCard Visa Amex Discover

Card # _____ Exp. Date: _____

CCV # _____ Authorized Amount: \$ _____

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

I hereby authorize NPELRA to charge the credit card listed above in the amount listed above. This charge is payment for fees/service and is accepted in good faith by National PELRA. By signing, I acknowledge that I am an authorized signatory for the above referenced card.