



New England Network

MEMBERSHIP FORM
TERM: 10/1/08 – 9/30/09

JOIN NEN TODAY!

Join us at the table! Receive all the benefits of membership. Complete this form and mail it with your membership dues to our office. Questions? Call (802) 425-3006.

Use this form to pay by check. To pay by credit card, please go to our website at www.nenetwork.org.

Name of Agency: _____

Renewing Member **New Member**

Primary Membership Contact: _____

Address: _____

Tel: _____ Fax: _____

E-mail*: _____

Website: _____

*Please list email addresses for all staff who should receive *Into Practice* and other electronic announcements. Email addresses can also be added at any time via email to information@nenetwork.org or by phone.

Member Dues

Member dues are based on agency budget for all programs/services provided to children, youth and families. Organizations incorporated in more than one state need to aggregate their budgets and pay dues accordingly.

<u>Program Budget</u>	<u>Annual Dues</u>	<u>Check Box</u>
Up to \$500,000	\$350	<input type="checkbox"/>
\$500,000 - \$1.5m	\$450	<input type="checkbox"/>
\$1.5m - \$5m	\$650	<input type="checkbox"/>
\$5m - \$8m	\$950	<input type="checkbox"/>
\$8m - \$12m	\$1,300	<input type="checkbox"/>
\$12m +	\$1,500	<input type="checkbox"/>

Signature of Official: _____

Title of Official: _____

Date: ____/____/____

This membership will be activated upon receipt of payment.

Please make checks payable and remit to:

New England Network
P.O. Box 35, Charlotte, VT 05445

<p>NEN Office Date Received: ____/____/____</p>

Please include this form with your payment!