

Yes, I would like to join as a
“ Friend of the CCC ”

Please print the information below

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

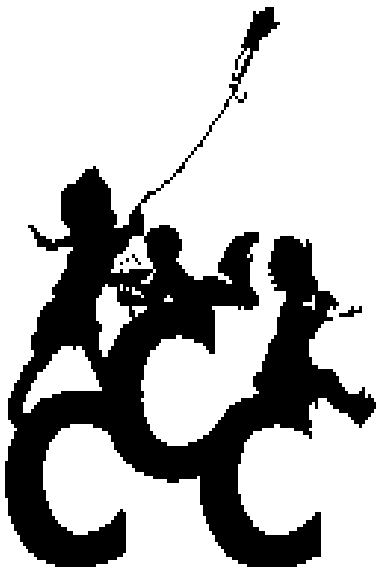
Please check of the following that apply:

Parent/Guardian Student Education Profession Other Professional Community Member

Signature

Date

COMMUNITY COALITION FOR CHILDREN
helping children thrive ...



Please mail this application, along with a check for your
\$50 tax-deductible annual membership fee to:

Community Coalition for Children,
P.O. Box 447, East Lyme, CT 06333

Checks should be made payable to:
“Community Coalition for Children”

Contact Us

Phone: 860-444-4790

Email: info@communitycoalitionforchildren.org

Website: www.communitycoalitionforchildren.org