



## CAPELL Membership Form

*Connecticut Administrators of Programs for English Language Learners*  
*www.CAPELLCT.org*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

School System: \_\_\_\_\_

Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Home email- only if preferred for CAPELL communications \_\_\_\_\_

*Please complete this form and enclose your CAPELL Membership dues of \$40.00.*

*Make checks payable to **CAPELL** and send to **Vita Beebe 305 Route 6 Andover, CT 06232***

*Or use Venmo: **@vitapb**. \*\*Typically, when you venmo a new person, you are asked for the last 4 digits of a phone number. The last 4 digits of Vita's phone #1302*