

MEMBERSHIP

Adult.....\$35
Family..... \$50

Name(s): _____

Address: _____

Our membership year is 1/1-12/31.

In cases of financial hardship, the association may waive the membership fee. Please mail checks for annual membership payable to *Humanist Association of Connecticut* to:

**Humanist Association of Connecticut, c/o USNH
700 Hartford Turnpike
Hamden, CT 06517-2214**

Telephone: _____

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Please add me to the e-mail Announce List (circle one): YES NO

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As a chapter of the American Humanist Association we share your information with AHA.