

**Connecticut Consortium for Cooperative Purchasing
2007-2008 Membership Form**

Local Agency Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Directions:

- Please update and/or complete the above information.
- Please check the appropriate box to which supply bid you are interested in participating in.
- Indicate additional contact information below.

	Yes	No
School/Office/Art/Paper	<input type="checkbox"/>	<input type="checkbox"/>
Health Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Office Machines and AV Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Paper Only	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Please indicate the contact name and e-mail address for the following bids (if different than above):

Office Machines and AV _____

Assistive Technology _____

If you have any questions, please contact me at 860-309-7913 or edarum@hotmail.com or Cara Hart at 860-524-4021 or chart@crec.org.

Sponsored by CREC in participation with:

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