

Check one: Institutional Membership: _____ Individual Membership: _____

Individual Membership (\$35 for the 2009-2010 Academic Year):
(Please include name, address, phone and email)

Name and title: _____

Address: _____

Phone _____ Email: _____

Institutional Membership (\$200 for the 2009-2010 Academic Year):

Name of Institution: _____

Address: _____

(Primary Contact):

Name and title: _____

Department: _____

Phone: _____ Email: _____

Four additional members who will receive newsletters and voting privileges:

1. Name and title: _____

Department: _____

Phone: _____ Email: _____

2. Name and title: _____

Department: _____

Phone: _____ Email: _____

3. Name and title: _____

Department: _____

Phone: _____ Email: _____

4. Name and title: _____

Department: _____

Phone: _____ Email: _____

Please make your checks payable to: New England Faculty Development Consortium
(Federal Tax ID: 04-3422583). Send the check and completed form to:

Charles Kaminski
Berkshire Community College
1350 West Street
Pittsfield, MA 01201
Phone: 413-236-2105
Email: ckaminsk@berkshirecc.edu