

**Arizona Glass Alliance
Membership Application**

Name(s) _____

Address _____

Telephone _____ Email address _____

Annual membership dues categories (check one):

_____ \$25 Full time student or artist

_____ \$35 Single

_____ \$50 Couple, family, gallery and all others

Please print and complete this form and mail together with a check for the appropriate dues made payable to Arizona Glass Alliance (a 501 (c) 3 corporation) to:

Arizona Glass Alliance
c/o Fred Schomer
12026 N. 118th Way
Scottsdale, AZ 85259