



## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Annual Membership Dues Categories: Check One

\_\_\_\_\_ \$ 50.00 Single

\_\_\_\_\_ \$ 75.00 Couple, Family, Gallery, All

Others

### Directions:

1. Download this form to your computer.
2. Fill out form on computer and print, or print and fill out by hand.
3. Mail completed form with a check for the appropriate dues to:

**Arizona Glass Alliance  
C/O Fred Schomer  
12026 N. 118th Way  
Scottsdale, AZ 85259**

**Make checks payable to Arizona Glass Alliance**