



AZglassalliance.org

MEMBERSHIP APPLICATION

Date: _____

Name(s): _____

Address: _____

Telephone: _____

E-mail: _____

Annual membership dues Categories: Check One

_____ \$ 35.00 Single

_____ \$ 50.00 Couple, Family, Gallery, All Others

Please print and complete this form. 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

THE ARIZONA GLASS ALLIANCE IS A 501(C)3 CORPORATION.