



Membership application

[PLEASE PRINT - SOMEONE ELSE HAS TO READ THIS]

Date of Application: _____

Name: _____

Mailing Address _____

City: _____

State: _____ Zip: _____

E-Mail: _____

Phone: _____

Membership dues are as follows:

- Single Family Membership - \$30
- Each Associate (same address) - \$5
- Full Time Student: \$10 per year (with student ID and email address)
- Business Membership (Shop/Dealer) - \$50
- Glass Club Membership - \$30
- Lifetime Membership - \$1000

Amount enclosed for Membership \$ _____

Additional donation \$ _____

Total Amount Enclosed \$ _____

[Donation designated for:

_____]

Enclose completed application and a check payable to:

Historical Glass Museum

P. O. Box 9195

Redlands, CA 92375-2395

Rev: Oct 2018