



MEMBERSHIP APPLICATION

Indicate membership type being applied for: Regular Member Sustaining Member

Name: _____

Firm: _____

Address: _____

Mail Stop: _____ City, State Zip: _____

Is your mailing address a business or residence?

Business Residence

Phone: _____ Fax: _____

E-Mail: _____

Products and/or Services Your Company Offers: _____

How did you hear about the American Glovebox Society?

AGS Website AGS Publication Purchase AGS Conference

Google Other _____

Regular Member:	\$ 75	Sustaining Member:	\$525
Initiation**	<u>\$ 50</u>	Initiation**	<u>\$ 50</u>
Total***	\$125	Total***	\$575

** Initiation Fee required for new members.

*** Individuals not located in North America must add \$45 to the Total Dues.

Signature _____ Date _____

PAYMENT INFORMATION

Check payable to "AGS" is enclosed. Please bill my: MasterCard Visa

Amount: _____ Exp. Date & CID #: _____

Account No. _____

Name on card _____

Signature: _____

CHECKS MUST BE IN "UNITED STATES OF AMERICA" FUNDS, DRAWN ON USA BANKS, MADE PAYABLE TO "AGS."

MAIL COMPLETED APPLICATION
WITH PAYMENT TO:
American Glovebox Society
526 South E Street
Santa Rosa, CA 95404

FAX TO: (707) 578-4406
QUESTIONS? (800) 530-1022