



# 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>
<b>Total***</b>	<b>\$125</b>	<b>Total***</b>	<b>\$575</b>

\*\* 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."

<p>MAIL COMPLETED APPLICATION WITH PAYMENT TO: American Glovebox Society 526 South E Street Santa Rosa, CA 95404</p> <p>FAX TO: (707) 578-4406 QUESTIONS? (800) 530-1022</p>
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