



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**	\$ 50	Initiation**	\$ 50
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. AMEX 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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