



# MEMBERSHIP APPLICATION

CONTACT INFORMATION			
Name:			
Company:			
Address:			
City:		State:	Zip:
Mail Stop / Suite:		Address Type: <input type="checkbox"/> Business <input type="checkbox"/> Residence	
Bus. Phone:		Cell Phone:	
Email:			
PRODUCTS / SERVICES			
Please describe the products and/or services your company offers.			
HOW DID YOU HEAR ABOUT AGS?			
<input type="checkbox"/> AGS Website <input type="checkbox"/> AGS Publication Purchase <input type="checkbox"/> AGS Conference <input type="checkbox"/> Internet Search <input type="checkbox"/> Other _____			
PAYMENT INFORMATION			
<input type="checkbox"/> <b>Regular Member (Individual)</b> \$75 + \$50 Entrance Fee = \$125  <input type="checkbox"/> <b>Sustaining Member (Company)</b> \$750 + \$50 Entrance Fee = \$800  <p style="text-align: center;"><b>Questions:</b>            (800) 530-1022            AGS@GloveboxSociety.org</p>		<input type="checkbox"/> <b>Check - Payable to AGS and Mailed to:</b> American Glovebox Society 526 South E Street, Santa Rosa, CA 95404  <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Mastercard</b> <input type="checkbox"/> <b>American Express</b>  CC # _____  Exp. _____ Card Verification Code (CVC) _____  Billing Zip Code: _____	

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