

CO. NAME: _____ PHONE: _____
 ADDRESS: _____ FAX: _____
 CITY: _____ STATE/PROV.: _____ COUNTRY: _____ ZIP: _____
 PHYSICAL ADDRESS: _____ ZIP: _____
 CONTACT NAME: _____ NO. OF EMPLOYEES: _____
 E MAIL: _____ CELL PHONE: _____
 SPOUSE: _____ RES. PHONE: _____

DUES: Dues are based on annual gross sales of the member's business in the industry and shall include full membership in the Americas Glass Association (AGA) and/or the Fire & Safety Glazing Council (FSGC). All dues are paid annually in accordance with the list below.

CLASSIFICATIONS of MEMBERSHIP

(Check one Classification Type)

Regular Member (Installation/Retail): Any individual or firm whose principle activity is in Contract Glazing, Retail, Replacement or Repair of Architectural Glass & Metal or Auto Glass.

Please fill-in % of type of work done:

- Art Glass _____%
- Auto Glass _____%
- Commercial-Exterior (over 2 stories) _____%
- Commercial-Storefront (to 2 stories) _____%
- Film/Tinting _____%
- Mirrors _____%
- Railing/Balustrades _____%
- Replacement/Repairs _____%
- Residential-Custom Exterior _____%
- Shower Enclosures (frameless) _____%
- Shower Enclosures (standard) _____%
- Windows-Retrofit _____%
- Other _____%

Total: 100 %

Supplier Member. Any individual or firm whose principle activity is in Distributing, Fabricating, or Manufacturing of auto or architectural glazing products or services to the glazing trade.

Supplier Members: Please check the next page for the **Supplier /Service Directory**. You may list up to (7) seven different types of goods and services that best describe your business. Please submit the Directory page with this application. Your company will be listed under these categories and posted on our website.

I hereby make application to:

The Americas Glass Association and/or the Fire & Safety Glazing Council. I will abide with its policies and the By-laws of the AGA, support its goals and objectives, comply with the code of ethics, be duly licensed when require by law, and pay the established dues for membership.

NOTE: Application may also be made through our website:
www.americasglassassn.org

SIGNATURE: _____

TITLE: _____

DATE: _____

SPONSORING MEMBER: _____

The Board of Directors shall grant full membership to qualified firms and/or individuals upon review and acceptance.

Check Enclosed

Please Invoice

Payments: Make check payable to AGA and mail to:
 P. O. Box 2550, Placerville, CA 95667 or FAX to 530/642-0993

AmExpress Discover MasterCard VISA

Acct. # _____

Ex. Date: _____ CVV#: _____

Name on Card: _____

Signature: _____

Mailed 10/2/2007

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Web Site

Dues Categories

(Check One)

(based on gross sales)	__ AGA only	__ AGA/FSGC
__ To \$1 Million	\$275	\$350
__ \$1 to \$2 Million:	\$440	\$550
__ \$2 to \$3 Million:	\$600	\$750
__ \$3 to \$5 Million:	\$900	\$1,120
__ \$5 to \$10 Million:	\$1,300	\$1,620
__ \$10 to \$30 Million:	\$2,000	\$2,500
__ Over \$30 Million:	\$4,000	\$5,000
__ Additional/Branch:	\$100	\$120

When more than one individual/location of the same company desires to be a member

__ Primary business, manufacturer of fire or safety glazing products \$10,000