



2009-2010 ASSOCIATE MEMBERSHIP APPLICATION

PO Box 2550, Placerville Ca 95667-2550 Phone: 530/642-0992 FAX: 530/642-0993

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

( [X] 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:

Table with 2 columns: Work Type and Percentage. Includes Art Glass, Auto Glass, Commercial-Exterior, Commercial-Storefront, Film/Tinting, Mirrors, Railing/Balustrades, Replacement/Repairs, Residential-Custom Exterior, Shower Enclosures, Windows-Retrofit, Other, and 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.

Dues Categories

( [X] Check One)

Table with 3 columns: Sales Range, AGA only, AGA/FSGC. Includes categories from To \$1 Million to Over \$30 Million, and Associate Member.

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

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

[ ] Associate Member (Limited membership): You will receive product discounts, Industry Information Updates via email, and only 2 code or referral calls per membership year (Oct - Sept). As an associate, you will not be eligible for unlimited access to other resources or voting privileges.

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: \_\_\_\_\_