



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

Telephone Number: _____

I collect / am interested in _____

MEMBERSHIP LEVELS

- Individual Membership: \$30 per year, plus \$5 for 2nd person in same household
- Club/Organization: \$30 one-time fee (Club hosts annual fundraiser for HGMF)
- Business/Antique Mall: \$50 per year
- Full Time Student: \$10 per year (with student ID and email address)
- Lifetime Membership: \$500 one-time fee
- I am also enclosing a monetary donation of \$_____

Please make your check payable to the Historical Glass Museum Foundation, and return with completed membership form to: P.O. Box 9195, Redlands, CA 92375-2395

- _____ I would like to become actively involved with the museum
_____ I have glass that I would like to donate to the museum.
_____ I have a collection I would loan to the museum for display.

The Historical Glass Museum is recognized as a 501(c)(3) nonprofit organization, and gifts to the Museum are deductible within the limits established by law. Tax ID 953089241