

2009 MEMBERSHIP APPLICATION

BUSINESS NAME

BUSINESS CONTRACTOR OF RECORD CT LICENSE NUMBER (**FG1 OR AG1 ONLY**)

CONTACT NAME

EMAIL

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

WEBSITE

We Service (check all that apply): Flat Glass Auto Glass

TYPE OF BUSINESS

- Associate member (vendor) \$225.00
- Glass Companies with 1-4 employees \$175.00
- Glass Companies with 5-9 employees \$225.00
- Glass Companies with 10 or more employees \$275.00

I hereby request that the Board of Directors consider my application for membership in the Connecticut Glass Dealers Association. I agree to abide the bylaws of the CGDA. I have enclosed my check, in the amount specified, payable to CGDA.

SIGNATURE

DATE

For your convenience, you may charge your membership fee to your credit card.

Credit Card # (MC/Visa only) _____

Expiration Date _____

Name on Credit Card _____

I need a new membership plaque/sticker

Please fill out the membership record and return this form, along with your check (payable to CGDA) to CGDA, 330 Main Street, Third Floor, Hartford, CT 06106.

50% of Membership Dues is used towards State lobbying efforts.
For more information contact CGDA Headquarters phone: 860.727.0166
Fax: 860.541.6484 or visit our website at www.ctglass.org