

2023 Membership Application

http://www.newglassact.com





	NAME:		DATE:	
	ADDRESS:			
Please complete form in full.	CITY:	STATE:	ZIP:	
Membership Fees: Individual - \$25 (Jan 1-Mar 31); - \$35 (Apr 1-Dec 31) Family - \$35 (Jan 1-Mar 31); - \$45 (Apr 1-Dec 31)	BEST TIME TO CONTACT YOU BY PHONE: CELL #: HOME #:	WORK #:		
Select Membership Type: New Renewal	BIRTHDAY MONTH: May we include your contact info in a PDF that is accessible only to Glass Act Guild members and also include you in our Google group? Yes No			
Please make checks payable to SMGBG and mail to: Paul Garber 10360 E. Grand River Brighton, MI 48116	Please share your suggestions for demos, guest instructors, field trips, etc.:			
When paying by check: Please print and complete form, then include it in your envelope with payment.	Information about you that you'd like other of your area(s) of interest and/or specialty, what	t you make, your bus	·	
Amount Paid \$ Date Paid// Check No.	I am willing to demo:			