

# NFGS MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Full Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. / Street.: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Associate Member Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

Primary Member Annual Dues ..... @ \$30.00 \$ \_\_\_\_\_

Primary Associate Member(same household) ..... @ \$5.00 \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**After September 1st please pay pro-rated Dues:**

Primary Member Annual Dues ..... @ \$15.00 \$ \_\_\_\_\_

Primary Associate Member(same household) ..... @ \$2.50 \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Make check payable to:

**National Fenton Glass Society**

**PO Box 4008**

**Marietta, Ohio 45750**

Phone/FAX (740) 374-3345

**Please call the NFGS office with Visa, Mastercard, or Discover Card information.  
There is a 4% administrative fee for credit/debit card use. This is not a secure site.**

For office use only:

Chk dt: \_\_\_\_\_ Recd \_\_\_\_\_

Chk # \_\_\_\_\_ Mbr.# \_\_\_\_\_