

APPLICATION BLANK

Name _____

Address _____

_____ Zip _____

Telephone Area Code _____ Number _____

Bus. Phone _____

Signature of Applicant _____

**Dues of \$4.00 must accompany
application, (\$10.00 after 1 August 1980)**

**Associate Membership—
\$1.00 for each additional membership
in the same household.**

Please remit to; Secretary—

S.A.S.E.

**Fenton Art Glass Collectors of America
P.O. Box 2441
Appleton, WI 54913**