



California Glass Safety Association

P.O. Box 885
Ventura, CA 93002 - 0885

2011

Application for Membership

(Application must be returned along with payment)

Company Name _____
Facility Address _____
Mailing Address _____
E-Mail Address _____

Check one: Corporation _____ Partnership _____ Individual _____

Active Member: (Entitled to represent your company)

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____

2011 Annual Dues & Fees: \$50.00 Please return by:

(Membership dues & fees are required in the 'terms of agreement' contract in order to continue to participate in the State Fund group program)

In the event we become members of the Association, we agree to abide by the by-laws and regulations of the Association.

Proxy:

To facilitate the conduct of everyday affairs of the Association, the management committee is hereby appointed proxy of the undersigned with full powers of substitution to vote at all meetings of the Association with all powers and discretionary authority the undersigned would possess if personally present.

Signature: _____ Date: _____

For Office Use Only

Received by Secretary: _____ Date: _____ Check # _____ Bank: _____

Approval: _____ Disapproval: _____ Date: _____ Amount Paid: _____