Membership Application:

Name			
Address			Apt/Suite
City	State/Province	Country	Zip/Post Code
Phone (Area Code) ()	e-mail address		
The Society will eventually use your e-mai	address to contact you regarding	member related com	nmunications.
Do you want your address, phone numi	per and email displayed to Socie	ty Members?	(Y/N)*
Do you want your address information	provided to other glass clubs or	auction houses?	(Y/N).
Patterns and/or forms collected please list			sent your collecting interest.
Are you a glass dealer, or auctioneer?			
Business name:	master at webmaster@eapgs.org to	have your business coordinate listing in	listed on the EAPGS Dealer/Auctioneer formation.
, , ,	•	•	y rate of \$25.00. The yearly renewal therea

Member Coordinator, P.O. Box 266, Colesburg, Iowa 52035, E-mail fredlmia@msn.com

Your Membership Information will periodically be printed in a condensed Membership Directory; complete and current membership details (searchable) are listed on the "Members' Only" section of the website.

You have now prepared yourself to network and explore your interest in antique glass collecting. ENJOY

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