



Historical Glass Museum

MEMBERSHIP APPLICATION FORM

Date: _____ ☐ New Member ☐ Renewal

PLEASE PRINT CLEARLY

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

Telephone Number: _____

Birthday Month: _____

I collect / am interested in: _____

MEMBERSHIP BENEFITS:

Free admission to the Museum

Member Newsletter - delivered in color by email only. (Currently 5 issues per year)

10% off in the Gift Shop (on 30% off sale days, you would get 40% off)

20% off in the Gift Shop for lifetime members and docents (50% off on 30% off sale days)

Birthday Month 40% off (excludes 30% off sale days)

MEMBERSHIP LEVELS (Indicate your selection)

_____ Individual Membership: \$30 per year, plus \$5 for second person in same household

_____ Club/Organization: \$30 per year

_____ Business/Antique Mall: \$50 per year

_____ Full Time Student: \$10 per year (with student ID and email address)

_____ Lifetime Membership: \$1000 one-time contribution

_____ I am also enclosing a monetary donation of \$_____

ACCEPTED BY: _____

TOTAL AMOUNT ENCLOSED : _____

Please make your check payable to Historical Glass Museum Foundation and return with completed membership form to: P.O Box 9195, Redlands, CA 92375-2395

_____ I would like to become actively involved with the Museum

_____ I have glass that I would like to donate to the Museum

_____ I have a collection that I would loan to the Museum for display

The Historical Glass Museum Foundation is recognized as a 501(c)(3) nonprofit organization, and gifts to the Museum are deductible within the limits established by law. Tax ID number: 95-3089241