

# 2016 MEMBERSHIP APPLICATION

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS CONTRACTOR OF RECORD CT LICENSE NUMBER (FG1 OR AG1 ONLY)

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
WEBSITE

We Service (check all that apply):

Flat Glass -  Commercial  Residential  Auto Glass

TYPE OF BUSINESS

- Glass Companies with 1-4 employees . . . . . \$185.00
- Glass Companies with 5-9 employees . . . . . \$235.00
- Glass Companies with 10 or more employees . . . . . \$285.00
- Associate members . . . . . \$400.00
- Include my company's logo hot linked to my company's  
website on the CGDA website's home page . . . . . \$200.00  
*14,501 visits & 60,346 hits in 2015*

I hereby request that the Board of Directors consider my application for membership in the Connecticut Glass Dealers Association. I agree to abide the bylaws of the CGDA. I have enclosed my check, in the amount specified, payable to CGDA.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

For your convenience, you may charge your membership fee to your credit card.

Credit Card # (MC/Visa only) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

**Please fill out the membership record and return this form, along with your check (payable to CGDA) to CGDA, 330 Main Street, Third Floor, Hartford, CT 06106.**

*50% of Membership Dues is used towards State lobbying efforts.*

For more information contact CGDA Headquarters phone: 860.727.0166 Fax: 860.541.6484 or visit our website at [www.ctglass.org](http://www.ctglass.org)