



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 \$200.00
- Glass Companies with 5-9 employees \$250.00
- Glass Companies with 10 or more employees \$300.00
- Associate members \$425.00
- Include my company's logo hot linked to my company's website on the CGDA website's home page \$200.00
15,501 visits & 80,346 hits in 2017

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 _____

Vcode: _____

Name on Credit Card _____

Please fill out the membership record and return this form, along with your check (payable to CGDA) to CGDA, 701 Hebron Avenue, Third Floor, Glastonbury, CT 06033.

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