



# MEMBERSHIP APPLICATION

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

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

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

We Service (check all that apply):

\_\_\_\_\_ Flat Glass \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Auto Glass

## TYPE OF BUSINESS

- Glass Companies with 1-4 employees . . . . . \$300.00
- Glass Companies with 5-9 employees . . . . . \$350.00
- Glass Companies with 10 or more employees . . . . . \$400.00
- Associate members . . . . . \$550.00
- Link my company's logo on CGDA's Website . . . . . \$200.00

I understand that Dues are paid yearly and are due each year by January 1st. Initial \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Method: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check #

Name as it Appears on the Credit Card: \_\_\_\_\_

Billing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Sec. Code: \_\_\_\_\_ EXP. Date: \_\_\_\_\_

Signature \_\_\_\_\_

***Please be sure to complete all portions of this form. Incomplete forms will not be processed.***

***State Law Requires CGDA Membership in order to Enroll an Apprentice in our Program.  
Your Yearly Membership Must be Paid in Full Each Year Your Apprentice is Enrolled.***

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.

**Make checks payable to CGDA**

**Whether Paying by check or cc, please mail your completed form to:**

**CGDA**

**701 Hebron Avenue, 3rd Floor**

**Glastonbury, CT 06033**

**Attn: Allyson Deckman**

***Thank You Again*** for Being a Part of the Glass Association Family!

For questions, contact Allyson or Elaine at (860) 727.0166 or

[allyson@ctcapitolgroup.com](mailto:allyson@ctcapitolgroup.com) / [elaine@ctcapitolgroup.com](mailto:elaine@ctcapitolgroup.com)

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

[www.ctglass.org](http://www.ctglass.org)