



Turn New Hires into Skilled Personnel with the State Approved Online Flat Glass Apprentices Curriculum

Sponsoring Company Information:

Company Contact Name: _____

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____ Fax: _____ Email: _____

Apprentice Information:

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: _____ Email: _____

**** It is your responsibility to Register with the State as an Apprentice. ****

To register please visit: <https://www.ctdol.state.ct.us/progsupt/appren/registration.htm>

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 am registering for the 3 year program . This does not include the State Registration Fee.

_____ I am registering to re-take a class at \$75.00 Note: This fee is only for CGDA/NGA courses. It does not include State/Vo-tech classes

Year #1 \$550.00 (includes all CGDA administrative processing fees)

Year #2 \$450.00

Year #3 \$450.00

*** 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 # _____ VCode: _____ EXP. Date: _____

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

Make checks payable to CGDA and mail your completed form to:

CGDA

PO Box 1381

Glastonbury, CT 06033

Attn: Allyson Brunetti

Thank You Again for Being a Part of the Glass Association Family! For questions, contact Allyson 860.710.8197 or

Allyson@allysummanagement.com