

# THE GLASS ASSOCIATION

## MEMBERSHIP APPLICATION FORM

(Registered Charity, No. 326602)

Please complete in block capitals

Surname:

Forename(s):

Title (Dr/Mr/Mrs/Miss/Ms/Other):

Address:

Postcode:

Telephone No (with code):

E-mail address:

Date:

Please tick a box to indicate the type of membership required:

INDIVIDUAL..... (£20.00)

JOINT..... (£25.00)

STUDENT..... (£10.00)

INSTITUTIONAL – UK..... (£40.00)

OVERSEAS INDIVIDUAL/JOINT..... (£28.00)

INSTITUTIONAL OVERSEAS..... (£50.00)

LIFE..... (£300.00)

TOTAL.....£

### PAYMENT

All subscriptions in pounds sterling

Cheques to be made payable to “The Glass Association”.

If a receipt is required, please tick box

Please send the completed form and your remittance to:

**The Membership Secretary,**

**Mrs. Pauline Wimpory,**

**150 Braemar Road,**

**Sutton Coldfield,**

**B73 6LZ,**

**United Kingdom.**

You don't need to complete details below, but it would help the Glass Association to plan its activities if you would indicate your particular interest in glass. *Please tick where appropriate*

COLLECTOR .....

DEALER .....

MUSEUM CURATOR .....

GLASSMAKER .....

OTHER (Please Specify) .....

Particular interest or specialization, if any:

How did you hear about the Glass Association?

BROCHURE  WEBSITE  MAGAZINE ARTICLE

GLASS FAIR  OTHER (Please Specify).....

### Donation & Gift Aid Declaration

I wish to make a donation of £ ..... to the Glass Association.

*UK Residents Only:* I want the charity to treat all subscriptions and donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donations.

Signature .....

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that The Glass Association reclaims