

Please mail this form, with your check drawn to Art Alliance for Contemporary Glass, to Linda Greene, AACG, 11700 Preston Road #660-327, Dallas TX 75230-2718

Note: If this is a renewal, please fill in name(s), e-mail address(es), and anything else that has changed.

Name(s): _____

Primary Home Address

Street Address _____

City, State, Zip _____

Phone _____ Fax: _____

Secondary Home Address

Street Address _____

City, State, Zip _____

Phone _____ Fax: _____

Approximate dates
generally at this location _____

Business Address

Street Address _____

City, State, Zip _____

Phone _____ Fax: _____

E-Mail _____

Additional E-Mail _____

Mobile Phone _____ **Additional Mobile Phone** _____

This is a: New Membership _____ Renewal _____

Membership Type: Collector _____ Artist _____ Gallery _____ Museum _____

Membership Level:
Visionary (\$1000) _____
Patron (\$500) _____
Sponsor (\$250) _____
Collector (\$100) _____
Member: 1 yr (\$65) _____
 2 yrs (\$125) _____
 3 yrs (\$180) _____
Gallery Membership (\$100) _____