

# 20-30-40 GLASS SOCIETY OF ILLINOIS

## 2025 MEMBERSHIP FORM

Membership dues are due and payable on December 1<sup>st</sup> for the following year.

Please fill out the form below. Remember to **PRINT** all information clearly so that information in the membership book is accurate.

Make Checks Payable to: 20-30-40 Glass Society of Illinois

MAIL TO: P.O. Box 856 LaGrange, IL 60525

**PLEASE NOTE THAT THERE ARE 2 DIFFERENT WAYS TO RECEIVE YOUR NEWSLETTER – PLEASE COMPLETE THE APPROPRIATE BOX.**

### ***FOR DELIVERY OF PAPER NEWSLETTER BY US POSTAL SERVICE***

Last name \_\_\_\_\_

Single Membership: \$50.00 \_\_\_\_\_ First Name: \_\_\_\_\_

Family Membership: \$65.00 \_\_\_\_\_ First Names: \_\_\_\_\_

Additional Names: \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

### ***FOR DELIVERY OF NEWSLETTER BY EMAIL ONLY***

Please PRINT email address for delivery \_\_\_\_\_

Last name \_\_\_\_\_

Single Membership: \$30.00 \_\_\_\_\_ First Name: \_\_\_\_\_

Family Membership: \$45.00 \_\_\_\_\_ First Names: \_\_\_\_\_

Additional Names: \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

**ALL MEMBERS ... PLEASE PRINT YOUR EMAIL ADDRESS (if you have one) TO HELP US BETTER COMMUNICATE WITH YOU REGARDING SUDDEN PLAN CHANGES \*\*\* (This does not mean you will get email newsletter if you have paid for USPS paper copy)**

**EMAIL** \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list your glass collections:

\_\_\_\_\_

The Society prints a membership directory so that members may contact each other. We do not give this directory to anyone other than Society members. If for any reason you do NOT want to have your name or any other information published in the book, please fill in the section below.

**MEMBERSHIP SECRETARY, PLEASE DO NOT PUBLISH:** \_\_\_\_\_