

**APPLICATION FOR MEMBERSHIP  
SOUTHERN CALIFORNIA CARNIVAL GLASS CLUB**

**YOUR NAME:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

**PHONE NO:** (     ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DUES ARE DUE IN MARCH: \$25.00 PER HOUSEHOLD PER  
YEAR**

**Make check/money order out to SCCGC and mail w/Application to:**

**Heidi Ritterbush  
445 W. Avenida De Las Flores  
Thousand Oaks, Ca 91360  
(805) 492-3903**