

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

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

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

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

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

**PHONE NO:** (     ) \_\_\_\_\_

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

**Please fill out and send to:**

**Melody Briggs  
1009 S. Dancove Drive  
West Covina, Ca 91791-3720  
(626) 485-3472**