

**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:

**Patricia Rottschaefter
2639 N. Canal St.
Orange, CA 92865
(home) 714-282-7190
(cell) 951-522-0333**