



Application for Membership

Name (please print legibly) _____

Business name _____

Address _____

City _____, State _____ Zip _____

This address is my home business (If you wish to provide a secondary address, use back of sheet.)

Telephone numbers (place a check in the box next to your primary contact number)

Home _____ Work/business _____

Cellular _____ Other (specify) _____

E-mail addresses Primary _____

Secondary _____

Are you presently a member of the ISGB? no yes (Membership number (if known) _____)

Are you presently a member of any other ISGB local chapters? no yes (if yes, please list the chapters below)

Website(s) _____

Online identities: eBay name _____ JustBeads name _____

Lampworketc.com name _____ WetCanvas name _____

Glassartists.org name _____ Beadartists.org name _____

PLEASE CHECK ONE: I **do** wish to have my contact information included in the Penn Dragons directory.

I **do not** wish to have my contact information included in the Penn Dragons directory.

Presently active in (check all that apply) lampworking - soft glass lampworking - borosilicate glass blowing

fusing stained glass other _____

If you wish, you may use the back of this form or enclose a separate sheet to tell us more about yourself and your interests, including suggestions for future demos, classes and workshops.

**Send this form with your annual dues payment of \$25 (check or money order, made payable to *The Penn Dragons*) to
Barb Cohan-Saavedra
834 Larkspur Street
Philadelphia, PA 19116-2932**

