

# MEMBERSHIP APPLICATION

PLEASE FAX COMPLETED FORM TO 480-522-3104 OR MAIL TO THE ADDRESS BELOW

The Independent Glass Association is the international voice of independent automotive glass repair and replacement retailers. Our mission is to...



15111 N Hayden Rd  
STE 160-270  
Scottsdale, AZ 85260

- To secure free and fair access to glass services for its members by defending and promoting the consumers' right to choose their glass service providers;
- To advance ethical business practices and encourage pure competition;
- To promote safe and proper glass services to consumers in accordance with all applicable standards and laws;
- To be a source for education, resources and information to the glass industry;
- To serve as an advocate for independent glass service providers before customers, insurers, regulatory and legislative entities and other groups.

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: (circle one)    Auto    Flat    Both    Supplier/Other

ANNUAL MEMBERSHIP DUES		Method of Payment:	
<b>Number of Employees:</b>	<b>Dues:</b>	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
1 to 5 employees	\$450	Credit Card# _____	
6 to 15 employees	\$595	Expires: _____ CCV#: _____	
16 to 25 employees	\$695	<b>(CCV# is the 3 digit code on the back of the card or 4 digits on the front of AMEX)</b>	
26 to 50 employees	\$795	Name as it appears on card: _____	
51 to 99 employees	\$895	Card Billing Address: _____	
Companies with three or more shop locations will pay an additional \$99 per location in addition to the appropriate dues schedule above.		Phone: _____	
Associate member (Industry Supplier/non-shop) dues are at the rate of \$995 annually.		Signature: _____	
<b>Dues Amount \$</b> _____		By signing above, I agree that all sales are final and there are no refunds. I further agree the amount I have listed under "TOTAL PAID" is to be charged to my credit card.	
<b>Donation to Standards Fund \$</b> _____		Returned checks carry a \$35 fee – so don't bounce a check!	
<b>Other</b> _____ \$ _____			
<b>TOTAL PAID \$</b> _____			

**FOR MORE INFORMATION CALL 480-535-8650**  
**OR VISIT [www.iga.org](http://www.iga.org) to learn more!**