

Membership Form
National Greentown Glass Association, Inc.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail Address:** _____

(The NGGA does not share the above information beyond our membership directory which is for the use of members only)

Annual Dues: \$25.00 – Includes subscription to the National Greentown Glass Collector’s Newsletter published quarterly!

Make checks payable to NGGA and send to P.O. Box 107, Greentown, IN 46936-0107

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