



Check box if any information has changed since last year.

YEARLY DUES PAYMENT & MEMBERSHIP FORM

\$35.00/ INDIVIDUAL

Check one:
New member ___
Renewal ___

Renewal DUES MUST BE PAID BY August 31
to have name in roster & continue receiving newsletter.
Membership year starts Aug. 1 and ends July 31 of next year.

Date ___/___/20 ___ Newsletters will be withheld until dues payment is received.

The information given on this sheet will be published in the Membership Roster. PLEASE PRINT LEGIBLY.

Name: ___
First (If married couple, give both names) Last

Address: ___
(Please include apartment number.) City State FULL ZIP - 9 digits

Telephones: Home (___) ___ Work/Cell: (___) ___
(Please include area code if outside of 504 area.)

E-Mail address: ___ (Please note if address contains underline or uppercase.)

Birthday: month/day ___/___ (Add line below for spouse. List published monthly in newsletter)

List Depression Era glass patterns and manufacturers and glass collectibles below: ___ Continued on back

VOLUNTEER!! CCDGS needs your help!!

A check indicates which committees/activities I will volunteer for:

- ___ Glass Auction ___ Charity ___ Newsletter ___ Field trips ___ Collector's Fest ___ December Banquet
___ Library ___ Historian ___ Hospitality ___ House Tour ___ Photographer ___ Refreshments ___ Program
___ Raffle/Door Prizes ___ Show n' Tell ___ Summer Social ___ Sunshine List

Talents to share: ___
___ club officer ___ (position) March Glass Show & Sale: ___ steering committee ___ volunteer

THIS FORM MUST ACCOMPANY DUES PAYMENT

BRING TO MEETING OR MAIL FORM WITH YOUR DUES PAYMENT ENCLOSED TO:

Treasurer: Glenn Plauche, 745 Pecan Grove Lane, Jefferson, LA 70121

Please make checks payable to Crescent City Depression Glass Society.

Rosters will be completed in Sept. If you would like to have your membership roster mailed to you please add \$2.50 (total \$17.50) for shipping charges to your dues and check here >> ___

Total amount enclosed: (check where appropriate) ___\$35.00 ___\$37.50 ___\$70.00 ___\$72.50
___ 1/2 payment

\$17.00 ___\$19.50 ___ CHECK or ___ CASH

Please write your first & last name in this box.

For office use only. Check # ___
Date rcvd. ___