



International Perfume Bottle Association

STUDENT COLLECTORS

Membership Application (ages 7 to 23)

Date: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

*Email: _____

Age: _____ Birthdate: _____

Collecting Interests, if known

_____ Minis _____ Crown Tops

_____ Figural _____ Commercials

_____ Czech _____ Celebrity Perfumes

_____ Victorian _____ Compacts

_____ Cut Glass _____ Vanity Items

Other: _____

** Email is required to receive eNewsletter and access the IPBA website.*

Sponsor and Parental Information only required for students under 18

SPONSORING MEMBER'S INFORMATION

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Relationship: _____

PARENT'S INFORMATION

(If different from sponsor)

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

MEMBERSHIP DUES:

\$30 Worldwide

(Digital PBQ Only)

SEND PAYMENT AND COMPLETED APPLICATION TO:

IPBA Membership Coordinator

Cathy Dunn

17169 Escalon Dr.

Encino, CA 91436-4029