

Antiques & Collectibles National Association
P.O. Box 4389
Davidson, NC 28036
1-800-287-7127
www.acna.us



Membership Form

Business Name: _____

Primary Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Web Address: _____

Spouse/Partner: _____

E-mail: _____ Phone Number: _____

Industry Involvement: (Check all that apply)

- | | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Collector | <input type="checkbox"/> Gallery | <input type="checkbox"/> Estate Sales | <input type="checkbox"/> Internet Dealer |
| <input type="checkbox"/> Mall Dealer | <input type="checkbox"/> Mall Owner | <input type="checkbox"/> Show Dealer | <input type="checkbox"/> Shop Owner | <input type="checkbox"/> Show Promoter |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | | |

How Did You Here Of Us: _____

Please complete the form and return with payment of \$50.00