



MEMBERSHIP APPLICATION

Full membership _____ Associate Membership _____

Member name _____

Mailing address _____

City _____ State _____ Zip _____

Primary phone: _____ Business phone: _____

Business name: _____

Business location(s): _____

Minnesota Sales and Use Tax number _____

Specialties or Areas of expertise: _____

Please list any memberships or positions you hold in related organizations _____

Please list three dealer references, two of whom must be current MADA members.

1. _____ phone _____

2. _____ phone _____

3. _____ phone _____

Please send this completed application to the address below. It will be presented to the Executive Board by our Membership Chairperson. The information will be verified and references will be contacted. In the event this application is rejected, all monies will be refunded and you may apply again after one year.

Applicant's signature _____ Date _____

Print name _____

Minnesota Antiques Dealers Association, Inc.
PO Box 580818, Minneapolis, MN 55458-0818

