

MEMBERSHIP APPLICATION / RENEWAL FORM



Please submit the following information to ensure the NYSAA has your correct information:

Membership is on an annual basis (January – December)

Name: _____

Company Name: _____

Mailing Address (where you would like to receive correspondence): _____

City _____ State _____ Zip _____ County _____

Office Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Member Since (year): _____ NAA Designation you hold: _____

Type of Membership (please select one)

___ **Active Member \$150.00**

(Active Member: auctioneers, auction companies of good moral character who the seller engages to direct, conduct or be responsible for the sale by auction.)

___ **Associate Member \$100.00**

(Associate Member: Individuals who are employed by NYSAA active members and who are not auctioneers.)

___ **Auxiliary Member \$10.00**

Please send this form and your payment to:

NYSAA

48 N. Emerson Avenue

Suite 300

Greenwood, IN 46143