

APPLICATION FOR: Return to: **KAA – 912 Country Lane – Newton, KS 67114**
KANSAS AUCTIONEERS ASSOCIATION, INC.

Please Print: NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Phone: Business: _____ Residence: _____ Fax: _____

email address: _____ website: _____

I hereby make application for membership in the Kansas Auctioneers Association, Inc. If accepted, I will abide by its By-Laws, support its objectives, comply with the Code of Ethics of the Kansas Auctioneers Association, Inc. and pay the established dues. I understand if I do not comply with the Code of Ethics and the By-Laws my membership may be revoked. It is also understood that if for any reason membership by the said Association is not approved upon consideration of this Application then membership will not be granted nor accepted on this Application and the total fee will be returned to me immediately.

Annual Membership Dues:

FULL MEMBERSHIP (first year)	\$50 _____
FULL MEMBERSHIP	\$100 _____
ASSOCIATE/AFFILIATE/RETIRED MEMBERSHIP	\$50 _____

Your Signature _____ Date _____

AUCTION EXPERIENCE INFORMATION

Name of Firm _____

Position you hold _____

Address _____

City _____, State _____ Zip Code _____

Names of Partners _____

How long have you been an auctioneer? _____

Do you specialize in one particular field of auctioneering? _____ If yes, explain _____

List other fields of auctioning in which you hold auctions:

(1) _____

(2) _____

(3) _____

Are you a member of another State Association: Yes _____ No _____

If yes, Which ones _____

Offices held _____

Mentor/Sponsor Name: _____

Address: _____, City: _____, St: _____

