

SASKATCHEWAN AUCTIONEERS ASSOCIATION

Phone (306) 441-2265 Fax (306) 445-2258 Box 773 North Battleford, SK S9A 2Y9

APPLICATION FOR MEMBERSHIP

Company Name in Full _____

Principal (owner) of company: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone _____ Fax: _____

Website address (if applicable): _____ e-mail: _____

Is the Company, or Business, a Partnership ___ Corporation ___ Sole Ownership ___

If a company, state your position _____

How long have you been an auctioneer? _____

If a graduate of an auction College/School, state name: _____ year _____

If you specialize in any field of auctioneering, state specialty: _____

Other field in which you hold auctions: _____

Name any other Auctioneer Associations in which you hold membership _____

Do you make use of a Trust Account for the deposit of proceeds from an auction sale? _____

Name of Bank or Credit Union where you do business _____

Name of sponsoring auctioneer, (where applicable) _____

I hereby make application for membership in the Saskatchewan Auctioneers Association. If accepted, I will abide by the terms of their By-Laws, support the objectives of the Association, and pay the membership dues as set forth by the Directors.

Dated this _____ day of _____ of 20__ _____
(Signature of Applicant)

Enclosed is my cheque, or money order, to pay for the membership dues. (Choose one below).
Make cheque payable to the Saskatchewan Auctioneers Association.

Full Member: \$300.00 _____ Associate Member (non-voting) \$100.00 _____