

Complete Form and Print  
Paying by check?  
Mail to: ACNA  
P.O. Box 4389  
Davidson, NC 28036  
Paying by Card?  
Mail or Fax to: 704-895-0230  
**Questions?? Call us at 1-800-287-7127**



## Membership Form

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Industry Involvement:  Shop Owner  Mall Owner  Mall Dealer  Show Dealer  Auctioneer  
(Check all that apply)  Show Promoter  Internet Dealer  Estate Sales Other: \_\_\_\_\_

How Did You Here Of Us: \_\_\_\_\_ If Show or Other: \_\_\_\_\_

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### Payment Method:

Check Number: \_\_\_\_\_

Amount: \$50.00

Or: .....

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Last three digits on back of card: \_\_\_\_\_

Amount \$50.00

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Signature: \_\_\_\_\_