

Complete Form and Return
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: _____

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: _____

Signature: _____