

JOB DESCRIPTION – MEMBERSHIP

1. Send membership applications to dealers who request them.
2. Make sure applications are read at two meetings prior to the November and May meetings.
3. Have the corresponding secretary include a membership ballot in the November and May meeting notices.
4. Have membership ballots at the November and May meetings.
5. Count the ballots and report the results. (60% majority vote of the members voting shall be required for election to membership.)
6. Send acceptance and rejection letters.
7. Give new member's information to the president, recording secretary, corresponding secretary, treasurer, brochures chairman, friendship chairman, website design and maintenance committee, membership directory chairman, and show chairman.
8. Keep an accurate list of all members and give this list to officers and committee chairmen listed in number 7, in order for them to keep their records up to date.
9. Attend board meetings.



Application For Membership

Five years in business is the minimum requirement to be eligible for membership.

Applicant: _____

Name of Shop _____

Address: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Sales Tax Number _____

Sole-ownership: _____ Partnership: _____ Incorporated: _____

Number of Years in Business: _____

Business conducted from: Residence _____ Shop _____ Shows _____

Malls _____ Flea Markets _____ Mail Order _____

Percentage of Stock in: Antiques _____ Gift Items _____ Reproductions _____

Crafts _____ Collectibles _____

Are Reproductions so marked

to be eligible for membership. _____ Are damage/restored items marked _____

Do you specialize _____ If so, in what categories _____

Do you carry consignment merchandise : _____

Are you a member of any antiques associations: _____

If so, please name: _____

How do you advertise: Magazines _____ Direct Mail _____ Radio _____

Television _____ Newspapers _____

If you do shows, list the shows that you have done in the last calendar year.

(Please include the name of the show manager.)

Please include three recent photographs of your merchandise in your shop or at a show. Each photograph should be marked with your name on the back.

Please include your business card.

Please list below six dealer references (at least three CSADA members) who know and have viewed your shop or inventory.

Dealer Name	Address	City, State and Zip Code
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

The applicant understands that the Association is dedicated to the highest standards in the field of purchase and sale of antiques and the preservation of our heritage. The applicant is advised that the application will be screened with such purpose in mind.

The applicant represents that the information submitted to the Association is true, and consents to the Association making such investigation of the applicant as the Association may deem desirable.

The applicant consents to hold the Association harmless and releases the Association from liability on account of such investigation and the Association's decision thereon.

As a member of CSADA, the undersigned pledges:

To be actively involved in the organization (for those living within the Chicago Suburban area this includes arranging a general meeting every several years);

To represent correctly all articles offered for sale;

To mark clearly all damaged or repaired pieces and to price all articles in dollars and cents;

To refund all moneys in case an error inadvertently occurs involving the authenticity or condition of an article, providing the item in question is returned within ten days of the date of purchase and in the same condition as it was sold;

To abide by the conditions of the By-Laws and Code of Ethics of CSADA and maintain a friendly and fraternal attitude toward CSADA and its members: and

To remove all Insignia, signs and certificates from the shop, stationery, cards, and advertising, if the membership is terminated for any reason.

Dues are \$150.00 per year, payable May 1st. (Do not send dues with this application.)

Applicants

Signature _____ Date _____

Please Mail this application to:

Janice G. Campbell

122 North Sycamore Street

Genoa, Illinois 60135

May 15,2014

XXXX
XXXX
XXXX

Dear XXXX,

We are pleased to welcome you as a member of the Chicago Suburban Antiques Dealers Association.

The next CSADA general meeting will be held in September 2014. You will receive information on the date and location of meetings from the Corresponding Secretary prior to each meeting.

Please send a check in the amount of \$150.00 for the 2014-15 dues to the CSADA treasurer:

Jim Doig
108 Sunset Avenue
La Grange, Illinois 60525

According to Article V of our by-laws, if dues are unpaid by July 1st, membership will be terminated.

If you have a computer, the by-laws and other information may be seen on the members only page. This may be accessed by going to www.csada.com and, on the bottom of the page, clicking on members only. Enter member as the user name and csada2011 as the password and sign in. (All letters must be lower case.)

Sincerely,

Janice Campbell, Membership Chairperson

Membership Rejection Letter

May 16th, 2013

XXXX

XXXX

XXXX

Dear : XXXX

We are sorry to inform you that your application for membership in the Chicago suburban Antiques Dealers Association was not accepted by a 60% majority of the votes of the membership in a secret ballot at our last meeting. You may re-apply in twelve months.

Thank you for your interest in our organization.

Sincerely,

Janice Campbell
Membership Chairman



Thank you for your interest in membership in the Chicago Suburban Antiques Dealers Association. You can go to the CSADA website for a list of the current members and more information about our association. The site is: www.csada.com. Please fill out the application completely and return it at your convenience.

Please note the five –years-in-business requirement on your application. Also, please make sure our members are aware of where your merchandise may be seen in the near future (shops, website or up coming shows).

It is usually to the applicant’s advantage to use current members of CSADA who are familiar with your merchandise as references. Please ask permission of anyone you list as a reference.

Voting on applications takes place by secret ballot twice per year at our May and November meetings. If you wish to have your application considered at the May meeting, please get it to us prior to the second Tuesday in March. If you wish to have your application considered at the November meeting, please get it to us prior to the second Tuesday in September. There are two readings of the application prior to the voting meeting.

The success of CDADA is dependent upon the efforts and talents each member shares with the organization. As such, members are expected to take an active role.

Membership Chairperson:
Janice G. Campbell
122 North Sycamore Street
Genoa, Illinois 60135
815.784.5537
Email: rbcjgc@aol.com

Membership Co-Chairperson:
Rosemary Winters
909 South State Street
Lockport, Illinois 60441
815.838.8551