

CHICAGO SUBURBAN ANTIQUES DEALERS ASSOCIATION APPLICATION 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 recent years.
(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 \$75.00 per year, payable May 1st. (Do not send dues with this application.)

Applicants Signature _____

Date _____

Please Mail this application to: Robert B. Campbell 122 North Sycamore Street Genoa, Illinois 60135