

**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 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:

Robert B. Campbell  
122 North Sycamore Street  
Genoa, Illinois 60135