



Membership Application/Renewal Form

Name: _____ Date of Birth: _____

Auctioneer License #: _____

Physical Address: _____

Mailing Address (if different): _____

City: _____ County: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Email (required): _____

Website: _____

Company or Trade Name (if applicable): _____

Company License (if applicable): _____

Years you have been an auctioneer: _____

Number of auctions conducted in a year: _____

Other states you are a licensed auctioneer: _____

Other fields you are licensed in: _____

Illinois Residents

Name of State Senator: _____ Name of Your Assemblyman: _____

Website Access

If you would like to post your auctions on the ISAA website and access other Member Only pages.

Username: _____ Password: _____

Type of Auctions You Conduct

- | | |
|---|--|
| <input type="checkbox"/> AgriBusiness | <input type="checkbox"/> Internet Auctions |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Personal Property |
| <input type="checkbox"/> General Auctioneer | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internet Contractor | |

Your Specialties: _____

Other Organizations and Certifications: _____

National Auctioneers Association Member # _____

Other State Auctioneers Associations: _____

Other Designations

- | | | |
|------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> CAI | <input type="checkbox"/> AARE | <input type="checkbox"/> CAGA |
| <input type="checkbox"/> BAS | <input type="checkbox"/> MTS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GPPA/MPPA | <input type="checkbox"/> CES | |

In what areas would you like to be involved:

- | | |
|--|---|
| <input type="checkbox"/> Officer: (one year term) | <input type="checkbox"/> District (ISAA is divided into 10 districts) |
| <input type="checkbox"/> Governor: (three year term) | <input type="checkbox"/> Chairman (one year term) |
| <input type="checkbox"/> Committee Interest | <input type="checkbox"/> Secretary-Treasurer (one year term) |
| | <input type="checkbox"/> District Director (three year term) |

Membership Agreement: I agree to abide by the Code of Ethics and Bylaws of the Association, to pay the annual membership as determined from time to time by the board of governors, and to exercise my rights as an active member of Illinois State Auctioneers Association, Inc. I certify that the information furnished by me is true and correct, and I agree that failure to provide accurate information as requested or any misrepresentation of fact(s) shall be grounds for revocation of my membership.

Signed: _____ Date: _____

Type of Membership

- Auctioneer \$150**
Auctioneer Members shall be those licensed to conduct auctions in the State of Illinois.
- Auctioneer Auction Company \$150**
Auction Company Members shall be those auction companies licensed to conduct auctions in the State of Illinois.
- Associate Member \$75**
Associate Members shall be staff, auction helpers, ringmen or other persons associated with the auction business who are not required to be licensed.
- Trade Member (Vendor) \$250**
Trade Members shall be those persons, firms or corporations engaged in any related business or business endeavor having a relationship or a general nature with the business conducted by auctioneer and/or auction company members.

Register online and pay by credit card or return this form with dues payment payable to:

ISAA • PO Box 359 • Toulon, IL 61483

Credit Card Authorization

Name as it appears on credit card: _____

Signature: _____

Billing Address: _____

Credit Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

Note: All credit cards will be charged a 5% credit card processing fee.

Questions? Contact Cissy Tabor, Executive Director at isaadirector@gmail.com or (312) 702-2117