



Membership Application

Name of Business: _____

Business Address: _____

Name of Owner(s) _____

Mailing Address: _____

Home Telephone: _____ Business Tel # _____ FAX # _____

Email: _____ Website: _____

Winter Mail Address: (list if applicable with dates that you are there)

In accordance with MADA By-Laws, please be advised that an applicant **must be** in business for **one year** before applying for membership.

of years in the antiques business? _____ What is your speciality? _____

Types of stock, inventory? _____

Do you sell any reproductions or new merchandise? _____ If so, please state the percentage (%) of your inventory and the type of goods. _____

Business Hours: _____ Seasonal: _____ Closed Days: _____ By Appt: _____

List Shows that you exhibit at: _____

List (2) MADA Members that are familiar with your business? Have they agreed to be a reference? _____

#1.

#2.

List other professional organizations or associations of which you are a member.

#1

#2

#3

#4

SIGNATURE: _____ DATE: _____

If you have a partner, add 2nd signature here: _____

All applications must be accompanied by a non-refundable \$10.00 application fee.
Annual dues will be billed upon acceptance. Make check payable to MADA.

Return application and \$10.00 fee to:
Beverley J. Reynolds
352 Front Street, Bath, ME 04530
Tel# 207-443-8812: FAX: 207-443-2638
Email: bevyreynolds@gmail.com