

**ROCKY MOUNTAIN ANTIQUARIAN BOOKSELLERS ASSOCIATION (RMABA)**

**APPLICATION FOR MEMBERSHIP**

*Be sure to answer every question.*

Class of Membership: Regular \_\_\_\_\_ Associate \_\_\_\_\_ Change of Membership Class: \_\_\_\_\_

Full Name of Individual Applying \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Previous Firm Name(s) \_\_\_\_\_

Date you established or acquired used/antiquarian book business \_\_\_\_\_

Select One: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

Sales Tax Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Registered where and when \_\_\_\_\_

List all persons who have a proprietary interest in your firm (List officers if incorporated):

Name	Address	Percentage Share	Date Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Nature of Stock/Inventory \_\_\_\_\_

Specialties \_\_\_\_\_

Premises: Shop, Office, Apartment, Home, Other (Please Specify) \_\_\_\_\_

Check any selling method or methods that apply to you:

Open Store \_\_\_\_\_ By Appointment \_\_\_\_\_ Internet (including online auction) \_\_\_\_\_

If Open Store, Hours Open to the Public \_\_\_\_\_

Sponsors:

1. \_\_\_\_\_ 2. \_\_\_\_\_

RMABA or professional references - ABAA/ILAB members, Special Collection Librarians (Optional)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

My primary vocation is \_\_\_\_\_

I have approximately \_\_\_\_\_ antiquarian books, manuscripts, and autographs for sale of the present time.

I have a reference library of approximately \_\_\_\_\_ volumes to assist me in evaluating antiquarian books and material.

I have experience in appraising antiquarian books, manuscripts, and autographs? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, explain in a biographical letter.)

I list stock online at \_\_\_\_\_

I have issued approximately \_\_\_\_\_ catalogues of used/antiquarian books, manuscripts, or autographs since becoming a used/antiquarian bookseller and have issued \_\_\_\_\_ such catalogues in the past year.

I devote \_\_\_\_\_ percent of my business time to my antiquarian bookselling business.

I derive \_\_\_\_\_ percent of my income from the sale of used/antiquarian books, manuscripts, and autographs.

Are you willing to serve on a committee or run for a RMABA office? Yes \_\_\_\_\_ No \_\_\_\_\_

In a brief paragraph, please explain why you wish to join RMABA and how your membership will benefit the association.

\_\_\_\_\_

I have read the Constitution and By-Laws of RMABA.

Signature of Applicant	Date
Signature of Sponsor	Date

Please keep a copy for your records. Note: The Membership Committee must be informed immediately if there are any changes to this application after it has been submitted.