

Membership Application
Central Illinois Antique Dealers Association

Owner's Name _____ **Occupation** _____

Home Address _____ **City** _____ **Zip** _____

Co-Owner's Name: _____ **Occupation** _____

Business Name _____ **Illinois Tax#** _____

Bus. Address _____ **City** _____ **Zip** _____

Phone Numbers: Home _____ Business _____ Cell _____
Circle phone number(s) you wish to have listed in club publicity, brochure and on website.

Email Address: _____

Business Information:

Years Collecting? ____ Years in Business? ____ Years w Shop? ____ Years Showing ____
Full Time? ____ Part Time? ____ Open Shop? ____ Shows? ____ Mail Order? ____ Mall Booths? ____

Other (Explain):

If you have a shop, the hours and days your shop is open:

List recent shows done (Max 4):

Name of Show	City	Last Date Participated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of merchandise you offer for sale: _____

Explain if not exclusively antiques: _____

Special collecting interests: _____

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Describe programs or expertise you could share with the Association: _____

Reason(s) for requesting membership: _____

Requirements for membership:

- Membership is a dealer membership which may include up to two individuals, both of whom are eligible for any discounts or special pricing for club activities or other member privileges.
- The member's business must be registered with the State of Illinois Department of Revenue.
- Each dealer membership is allowed one vote when issues arise that need a vote.
- A representative from each dealer membership must attend no less than two general membership meetings per year to retain active status. Being a volunteer for either of the CIADA Antique Shows counts as a meeting attendance.
- Each member agrees to permit the business name to be inserted in advertising instituted by the association.

Membership Approval Process:

- Applicant must be recommended by two dealer memberships of the organization who have been members for at least one year and are in good standing.
- Candidates for membership must attend one membership meeting prior to nomination.
- Membership is subject to the Board of Director's unanimous approval.

Signed _____ Date _____

Please submit application along with dues of \$30.00 (Check payable to CIADA) for the current year to:

Diane Mueller, President
Central Illinois Antique Dealers Association
122 Dakota Drive, Lake Iroquois
Loda, IL 60948

If you have questions, please call Margaret at 217-386-2508 or email at info@centralilantiquedealers.org .

(This section to be signed by a representative from the sponsoring dealer memberships.)

As a member in good standing, it is with pride and without hesitation that I recommend the above for membership. The dealer will pledge to observe the Association's code of Ethics, and does meet the C.I.A.D.A.'s strict membership requirements.

Signed _____ Date _____

Signed _____ Date _____

(Form revised 6/15/2015)