



## Membership Application or Renewal

### Applicant Information

Name			
Company Name			
Mailing Address			
City ST ZIP Code			
Work Phone			
Mobile Phone			
E-Mail Address			
Website			
MA License #			
Designations			
NAA Member #			

### Other Information

Other state licenses currently held	
Other Professional memberships	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

### Dues

Annual dues are	\$100.00
	\$
Total Payment	\$

Please send this signed and complete application, with your dues ,

Payable to MAA :

Massachusetts Auctioneers Association

c/o Robert M Herson

PO Box 2401

Woburn, MA 01888