



# Kansas Auctioneers Association Membership Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

## AUCTION INFORMATION

Auction House     Contract Auctioneer     Internet Auctions

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City: \_\_\_\_\_  
 Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_ How long have you been an Auctioneer? \_\_\_\_\_

Are you an NAA Member? Yes  No

Designations you hold: \_\_\_\_\_

Do you belong to another auction association? Yes  No

If yes, which ones: \_\_\_\_\_

Has your membership to any association ever been revoked or denied? Yes  No

Which areas do you specialize in?

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Antiques	<input type="checkbox"/> Coins	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Agriculture/Land	<input type="checkbox"/> Firearms	<input type="checkbox"/> Business Liquidation
<input type="checkbox"/> Livestock	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Automobiles	<input type="checkbox"/> Charity/Fundraisers
<input type="checkbox"/> Other: _____			

## Membership is from January 1 to December 31

<b>New Members &amp; joining in:</b>	<b>Existing &amp; Members rejoining:</b>
Jan/Feb/Mar ..... \$125.00 _____	General Member ..... \$125.00 _____
Apr/May/June ..... \$100.00 _____	Associate Member ..... \$ 62.50 _____
July/Aug/Sep ..... \$ 75.00 _____	Retired Member ..... \$ 62.50 _____
Oct/Nov/Dec ..... \$125.00 _____	Affiliate Member ..... \$ 62.50 _____

(New Members who join after October 1 will receive membership for the remainder of the current year and the entire following year.)

I hereby make application for membership in the Kansas Auctioneers Association. If accepted, I will abide by its By-Laws, support its objectives, comply with the Code of Ethics of the association and pay the established dues. I understand, if I do not comply with the Code of Ethics and/or By-Laws, my membership may be revoked. It is also understood, if for any reason, membership by the Kansas Auctioneers Association is not approved upon consideration of this Application that membership will not be granted, nor accepted, on this Application and the total fee will be returned to me immediately.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application and appropriate dues payment to:**  
 KAA - 11345 W. Carr Ct. - Wichita, KS 67209 or cindi@kansasauctioneers.com