



APPLICATION FOR MEMBERSHIP

Full Name of Individual Applying _____

Firm Name (if different from Individual) _____

Address _____

Telephone: Business _____ Home _____

Previous Firm Name(s) _____

Date your Antiquarian Book Business was established or acquired _____

Sole Ownership, Partnership, Corporation, other (Please Specify)

If Incorporated, list Officers _____

List all Persons who have a proprietary interest in your Firm (Include Addresses)

Bank and Branch _____

Have You ever Filed for Bankruptcy, or been Adjudged Bankrupt? _____

Have You ever been Convicted of a Crime (Other than Traffic Violations)? _____

What is the Nature of your Stock of Antiquarian Books? _____

Premises (Shop, Home, Office, other) _____

Open to the Public? (Specify Days and Hours) _____

Business by Appointment Only ? _____

Do You issue Catalogues? (If so, how many per year?) _____

Sponsors (Four ABAC members are Required)

1) _____

2) _____

3) _____

4) _____

Were you previously a member of the ABAC/ALAC or any other ILAB Organization? _____

If so, please specify _____

FILL IN AND SIGN THE FOLLOWING: I have issued approximately _____ catalogues of antiquarian books since becoming an antiquarian bookseller. I have issued _____ catalogues during the past year. I have a reference library of approximately _____ volumes to aid me in evaluating antiquarian books and related materials in my field. I have approximately _____ antiquarian books and/or manuscripts in stock, and for sale, at the present time. I have experience in appraising antiquarian books and related materials _____ (If so, please explain)

I devote _____ percent of my time to my antiquarian book business I derive _____ percent of my income from the sale of antiquarian books and related materials on a non-auction basis.

Signature of Applicant

Date

ADDITIONAL REMARKS

