



Date

Application for State Association Membership National Auto Auction Association

All items must be completed for application to be considered. If additional space is needed, attach additional sheets.

I (we) hereby make application for state association membership in the National Auto Auction Association and authorize such verification or investigation necessary to decide our eligibility for membership. We agree to abide by the NAAA Code of Ethics and the decisions of the Board of Directors and Executive Committee.

Please type or print clearly!

1. Name of State Association

2. Physical Address:

Street or PO Box

City/Town State/Province Country Zip code

3. Phone Email

Fax Web site

4. Mailing Address: Check if Mailing Address is the same as the Physical Address

Street or PO Box

City/Town State/Province Country Zip code

Phone Email

Fax Web site

5. Date Association Founded

6. Contact persons

Name	Title	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. List other trade association membership and/or affiliations to which you belong:

I hereby certify that all the facts stated herein are accurate to the best of my knowledge. If approved, I agree to abide by the Code of Ethics, the Bylaws of the Association and the decisions of the Board of Directors and Executive Committee.

I understand that by providing my mailing address, email address, telephone number and fax number, the above named applicant for membership in the NAAA consents to receive communications sent by or on behalf of the National Auto Auction Association (and its subsidiaries and affiliates) via regular mail, email, telephone or fax.

I understand background reviews may be conducted in considering this Associate Membership application. I also understand that membership, if granted, will be on a 2-year probationary status, which will include annual reviews for renewal for membership.

Signed	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>
Phone	<input type="text"/>	Alternate Phone	<input type="text"/>
Email	<input type="text"/>		

Submit this form by mail, fax, or email to:

National Auto Auction Association
5320 Spectrum Drive, Suite D
Frederick, MD 21703-7337
Phone: 301.696.0400
Fax: 301.631.1359
Email: admin@naaa.com
Web site: www.naaa.com

NAAA Office use only!

Date application received: _____

Comments: _____
