

# MEMBERSHIP APPLICATION/RENEWAL



**VIRGINIA AUCTIONEERS**  
ASSOCIATION

*Please check one of the following:*

**Auctioneer**                      \$175 Virginia Licensed

**Associate**                         \$100 annually

**Please print or type:**

Name \_\_\_\_\_

Virginia Auctioneer License Number \_\_\_\_\_

Designations \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested or any misstatements of fact, shall be grounds for revocation of my membership if granted. I solemnly swear (or affirm) that I shall faithfully conform to the Articles of incorporation, Bylaws, and Code of Conduct of the Virginia Auctioneers Association, as the same may be amended from time to time. My agreement to be so bound is made in consideration of my membership and includes, without limitation, all of the association's rules, terms, requirements, duties, grievance procedures, binding arbitration, and all other obligations applying to members.

**Check here if you would like all correspondence sent to your home.**

New Member: (Do not fill out if renewal) \_\_\_\_\_

VAA Member that Recruited you: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VAA Field Representative

## Method of Payment

Check enclosed     Visa     Mastercard     Discover     AmExpress

\_\_\_\_\_  
Card # Exp. Date

\_\_\_\_\_  
Signature

Return completed application with payment to: VAA, 48 N. Emerson Avenue, Ste. 300, Greenwood, IN 46143, 888-878-0601, E-mail: vauctioneers@vaa.org.  
If you have any questions regarding membership, contact your field representative directly.

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