APPLICATION FOR MEMBERSHIP
OR
RENEWAL OF MEMBERSHIP

☐ **New Member** ☐ **Renewal**

(Please Print Clearly)

Last Name:_____ **First Name:**_____ **MI:**_____

Address:_____
(Number) (Street) (City) (State) (Zip Code)

Work Phone:_____ **Cell Phone:**_____

E-mail:_____
(NOTE) By providing your e-mail address you authorize Western States Auction Association to notify you of association events, newsletters, board decisions, and other association matters via electronic media and acknowledge this information will be posted to our webpage.

Company Name:_____

Website:_____

Bond #:_____ **Issuing Company:**_____ **Exp Date:**_____

(optional)
Active Member Recommending New Member:_____

Type of Membership (select one)

☐ **Auctioneer**---------- **$25**
☐ **Associate Working in the Auction Industry**---------- **$25**
☐ **Affiliate Working in an Industry Supporting the Auction Industry**---------- **$25**

Payment Type **(Mail checks payable to: "WSAA" and mail to WSAA 741 El Cajon Blvd. El Cajon CA 92020)**
Check #_____ **Visa** **Master Card**

_____ _____ _____
Credit Card Number Expiration Date CVC Code

_____ _____
Signature Date

My signature authorizes WSAA to charge my credit card for annual membership dues as set by the Board of Directors and that all information is true and correct.

Self Certification - is required of all applicants new or renewing: I hereby state and attest under penalty of perjury that I have not 1. been convicted of a misdemeanor or felony 2. that I am in compliance with all local, State and Federal regulations, bonds and licenses required of my business 3. conduct my business ethically and responsibly at all times.

by: _____ **Date:** _____