



NATIONAL ARCHERY BUYERS  
ASSOCIATION

## MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
\_\_\_\_\_  
Seller Permit # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_  
State \_\_\_\_\_ Fax \_\_\_\_\_  
Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Website URL http:// \_\_\_\_\_

Have you been in the retail archery business with a store front for two years? Yes  No

Has your business generated \$200,000 in gross sales during the past year? Yes  No

Does your business have established operating hours? Yes  No

Is your business normally open 5 days per week? Yes  No

*\*\*\*Please forward two pictures of your retail business establishment.* Yes  No

If my business is accepted into the National Archery Buyers Association, I agree to keep my accounts with all manufacturers and/or vendors current and agree to accept a probationary status (COD with all vendors) if my business is reported to have delinquent accounts.

I understand there will be annual dues of \$200.00 per year payable upon notification of acceptance. Dues are due on November 1st of each calendar year. I agree that I am required to attend one of the annual National Archery Buyers Association Shows, usually held in January in conjunction with the ATA Show or the February NABA Reno Show to continue membership per NABA bylaws.

I authorize listed creditors to provide information to NABA.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

**This is a growing buying group with a goal of introducing as many people as possible to the great sport of archery. We hope to include you and your business in as part of our membership.**

**If you have any questions or comments, please contact:** Chairman–Norm Geertsen at 503-658-7328, or John Nelson at 530-623-2443.



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Please provide NABA with a list of business references by completing the form below. Thank you.

Business Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of years with open account \_\_\_\_\_

Business Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of years with open account \_\_\_\_\_

Business Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of years with open account \_\_\_\_\_

Business Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of years with open account \_\_\_\_\_

**Please return forms to:**  
NABA  
14434 SE Territory Drive  
Clackamas, OR 97015

Phone: 503-658-7328  
Fax: 503-658-7469  
E-Mail: [naba@frontier.com](mailto:naba@frontier.com)  
[NABA-Archery.com](http://NABA-Archery.com)