



National Archery Buyers Association

MEMBERSHIP APPLICATION

BUSINESS NAME: _____

FEDERAL TAX ID# _____

SELLER PERMIT# _____

ADDRESS: _____

CITY: _____

PHONE: _____

STATE: _____

FAX: _____

ZIP: _____

E-MAIL ADDRESS: _____

OWNERS NAME: _____

Website URL http:// _____

HAVE YOU BEEN IN THE RETAIL ARCHERY BUSINESS WITH A STORE FRONT TWO YEARS ? YES ___ NO ___

HAS YOUR BUSINESS GENERATED \$ 125,000 IN GROSS SALES DURING 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 BUSINESS ***

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 \$400.00 per year payable upon notification of acceptance. I agree to attend one of the annual National Archery Buyers Association meetings, usually held in January and/or February of each year. A \$300.00 refund will be returned to you when you register at a meeting.

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 OUR NUMBERS.

IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE FEEL FREE TO CONTACT CHAIRMAN NORM GEERTSEN AT: 503-658-7328 OR CO-CHAIRMAN WAYNE PIERSON AT ARCHERY ONLY: 510-795-0460.

Please Return Forms To:

NABA
14434 SE TERRITORY DRIVE
CLACKAMAS, OREGON 97015
PHONE: 503-658-7328
FAX: 503-658-7469
E-MAIL: NABA@VERIZON.NET
HTTP://WWW.NABA-ARCHERY.COM

(Please see reverse side of this page.)

NABA

National Archery Buyers Association

PLEASE PROVIDE NABA WITH A LIST OF BUSINESS REFERENCES OR
FILL OUT THE QUESTIONNAIRE BELOW. THANK YOU.

BUSINESS REFERENCE: _____
ADDRESS: _____

TELEPHONE: _____
CONTACT PERSON: _____
NUMBER OF YEARS WITH OPEN ACCOUNT: _____

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ADDRESS: _____

TELEPHONE: _____
CONTACT PERSON: _____
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