## IDAHO ASSOCIATION OF PROFESSIONAL AUCTIONEERS, INC

Please complete one form per person and return to IAPA, PO Box 15231 Boise ID 83715-5231

New Membership		Membership Renewal		
Name				
Address				
City	State	Zip	_ County	
Name of Business				
Phone	Cell	Fax		
E-Mail		Web Site		
Type of Auctions you con-	duct			
How long in auction busin	less	NAA Member	? Yes	No
All members are asked to ab dealing with clients, the public the uniqueness of the auction uniqueness and its high visibil	ide by and practice the c, and other profession method, to promote it lity. We ask that all me	als. Further, the IAPA of and practice it with an of mbers be a credit and an	asks all members t awareness at all ti asset to the Assoc	o recognize imes of this
Check the applicable box:		nual Membership Du Time Member (discou		
Unless otherwise identified IAPA Secretary if you have	-			Please advise the
In addition to your member	ership, if you want to	o make a contribution	please indicate	amount below.
Association Donation:	\$	Dusty I	Benjamin Fund	
	\$	IAPA		
	TOTAL ENCLO (includes dues &		\$	