



AUXILIARY TO THE NATIONAL AUCTIONEERS ASSOCIATION

PO BOX 832 • SMITHVILE, MO 64089 • 816.873.0239

naauxiliary@gmail.com

Membership Form

Please Check One: New Member Renewal

Auxiliary Member Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Are you a current NAA member? Is your spouse a current NAA member?

Please list the name and/or company of the NAA member and/or NAA Auxiliary member you are related to or affiliated with: _____

I am paying for one year membership in the amount of \$25.00

Other (please explain) _____

*** Please make checks payable to the: **NAA AUXILIARY** ***

I prefer to receive information from the Auxiliary by email.

I prefer to receive information from the Auxiliary by U.S. postal mail.

Date: _____ Signature: _____

Please return this form with your payment to: **NAA**
FOR NAA AUXILIARY
8880 BALLENTINE
OVERLAND PARK, KS 66214