



APPLICATION FOR MEMBERSHIP

www.iska.org

All information contained herein is confidential and for I.S.K.A. use only. Type or print all information. Return your application with your check payable to I.S.K.A. Please attach your business card and submit it with the application.

(CIRCLE:) ☐ NEW ☐ RENEWAL

☐ **REGULAR MEMBER** Dues \$200; Renewal \$150

☐ **ASSOCIATE MEMBER** Dues: \$300, Renewal \$250

☐ **OPTIONAL: Associate Member Advertising** : ☐ Roster Book \$250 ☐ Web site \$200

COMPANY NAME: _____

PRESIDENT/OWNER: _____

ROSTER CONTACT NAME (Your Representative to ISKA): _____

MAILING ADDRESS: _____

CITY / STATE / ZIP / COUNTRY: _____

SHIPPING ADDRESS (If different): _____

TEL: _____ Alternate TEL: _____

FAX: _____

EMAIL: _____ Alternate Email: _____

WEB SITE: _____

ROSTER Recipients: (In addition to above) _____

NEWSLETTER Recipients: (In addition to above) _____

ABOUT CO: Founded: _____ No. Employees: _____ # _____ Sales _____ Office _____ Shop _____ Other

CIRCLE: _____ Corp. _____ Proprietorship _____ Partnership _____ Other (Explain): _____

*Biz mix % Gross Sales: _____ % Sales Merchandise / _____ % Sharpening Svc / _____ % MFG.

Major brands (Line card distribution names) _____

So that we may thank them, who is your ISKA Referral Contact (OR how did you hear about ISKA?): _____

Please list other industry memberships: _____

Person filling out this form: Name / Title _____ / _____

Date: _____ Print Name: _____

Signature: _____

Please MAIL TO: ISKA MEMBERSHIP CHAIR C/O Dave Rakauskas

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