



# MEMBERSHIP APPLICATION



By applying for membership in the American Booksellers Association you agree to abide by the bylaws of the Association upon acceptance of your application.

## COMPANY

Promotional code: \_\_\_\_\_ How did you learn about ABA? \_\_\_\_\_  
(if applicable)

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Organization/company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

URL \_\_\_\_\_

## MEMBERSHIP TYPE

**Provisional** (individuals planning to open a bookstore)..... **Annual dues \$350.**  
Expected store opening date \_\_\_\_\_ SAN (if assigned) \_\_\_\_\_  
Type of store  
 Storefront bookstore  Online bookstore  Other (please specify) \_\_\_\_\_

**Associate** (publishers, wholesalers, distributors, or other vendors) ..... **Annual dues \$350.**  
Type of business  
 Publisher  Distributor  Wholesaler  Other (please specify) \_\_\_\_\_

**Auxiliary** (individuals or businesses who support independent bookselling) ..... **Annual dues \$200.**  
Type of business  
 Individual  Bookstore  Publisher  Distributor  Wholesaler  
 Other (please specify) \_\_\_\_\_

**International** (bookstores outside the United States and Canada) ..... **Annual dues \$350.**

## DUES AND PAYMENT

	<b>Annual dues</b>	_____
One-time new member processing fee.....	+	\$ 25
<b>(Optional)</b> Tax-deductible contribution to American Booksellers Foundation for Free Expression (Suggested: \$50 membership).....	+	_____

**TOTAL DUE** \_\_\_\_\_

Please select one of the following payment options:  
 Enclosed is my check or money order for the full amount, payable to *American Booksellers Association*.  
 Enclosed is an ACH transfer form to authorize full payment: (*ACH transfer form may be found at bookweb.org/membership/join.*)  
 Please charge my credit card for the full amount.  American Express  Discover  MasterCard  Visa

Cardholder's name \_\_\_\_\_

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

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

Return completed form and payment to:  
American Booksellers Association, Attention: Membership  
200 White Plains Road Tarrytown, NY 10591  
Phone (800) 637-0037 ext. 6632 Fax (914) 591-2720  
E-mail info@bookweb.org • http://www.bookweb.org