



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 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) _____

Please list other industry memberships: _____

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

Date: _____ Print Name: _____

Signature: _____

Please MAIL TO: ISKA MEMBERSHIP CHAIR C/O TIM RIEF

Tim Rief & Assoc. 2693 Crown Valley Ste 230, Mission Viejo, CA 92691 Email to: trief@gmail.com

Questions? Call 714-329-9842