



## APPLICATION FOR MEMBERSHIP

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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) \_\_\_\_\_

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 LEAH GUSTAFSON  
FILEGAR CUTTING TECHNOLOGIES,LLC 264 CRESCENT ST, JAMESTOWN, NY 14701 Email to:  
LGUSTAFSON@FILEGAR.COM and cc: info@iska.org Questions? Call 716.488.0741