



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 Tim Rief
PO Box 784 La Habra, CA 90633 - tcrief@gmail.com