



ASSOCIATED ANTIQUE DEALERS OF NEW JERSEY
Membership Application

Name _____

Partner's Name _____

Business Name _____

Mailing Address/City/State/Zip _____

Phone #: Home _____ Business _____ E-mail _____

1. Are you a licensed NJ dealer? _____ NJ State Sales Tax # _____

2. Years in business _____ (minimum of 3 years required)

3. Where do you sell? a) Shows _____ b) Antique Centers _____ c) Mail Orders _____
d) Internet _____ e) Other _____

4. Antiques you sell:

a. List sampling of merchandise:

b. List specialty:

5. Percentage of merchandise over 100 yrs old _____% 50-100 yrs _____%

6. Do you sell any reproductions? _____ Are they noted? _____

7. Is your merchandise clearly priced? _____

8. Do you mark restorations, repairs, and damages? _____

9. Do you guarantee your merchandise as represented by you? _____

10. Will you back that guarantee with a written request if asked? _____

11. If you are a member of any antiques associations, appraisers, clubs, etc., please list:

12. List shows that you exhibited in last year:

Name/Location	# of Exhibitors	Manager/Sponsor
---------------	-----------------	-----------------

1. _____

2. _____

3. _____

4. _____

5. _____

13. List centers/shops, co-ops where you are currently selling:

Name/Location	# of Exhibitors	Manager/Sponsor
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1. _____

2. _____

3. _____

4. _____

AADNJ Member Sponsors (2):

Primary Sponsor:

Signature _____ Address _____ Phone # _____

How long have you known proposed member? _____

2nd Sponsor:

Signature _____ Address _____ Phone # _____

How long have you known proposed member? _____

Please include the following with this application:

1. Your business card
2. Two photos of your shop, center and/or show booth

Your application will be reviewed by our Membership Committee and after approval, you will receive a letter requesting a one-time membership fee of \$50.00 plus \$25.00 annual dues.

I hereby declare that all the information given on this application is correct.

Signed _____

Name (Print) _____

Home Address _____

City _____ State _____ ZIP _____

Mail Application to: John Tyler, Membership Chairman
P.O. Box 156
Layton, NJ 07851

As a Member of the Associated Antique Dealers of New Jersey, I agree to adhere to the organization's "Code of Ethics".

ASSOCIATED ANTIQUE DEALERS OF NEW JERSEY
"CODE OF ETHICS"

1. All merchandise offered for sale will be clearly marked with a price.
2. Receipts are to be given for each sale made which carry the name of the dealer or the dealer's business, as well as contact information.
3. Sales tax will be collected on any items sold in accordance with the laws of the state in which the sale is made
4. All items classified as antique must have sufficient age, original characteristics and qualities to support their classification.
5. All contemporary reproductions and non-antique items must be identified as such with no more than 10% of the items for sale in these categories.
6. Provide buyers with a full description of all items, including restoration or damage and a guarantee that all items sold are as described, based on the dealer's best judgment.
7. Should an item be in question as to a previous repair, the dealer is to label the item "as found" to indicate that the dealer has not repaired or restored the item.

Signature: _____

Date: _____

OFFICE USE ONLY

Applicant's Name _____

Date Received: _____ Date approved: _____

Membership Committee Signatures:

1. _____

2. _____

3. _____