



Florida Antiquarian Booksellers Association

FABA Membership Application

The information requested here is for consideration of your FABA membership application and for your listing in the Members Directory.

1. Please fill in all sections under Directory Information.
2. Be sure to provide all the information requested under General Information.
3. Send the completed form by clicking the Submit button below. You may submit your payment for annual dues through PayPal using the form on this page. You do not need to have a PayPal account, only a valid credit or debit card.

Annual Membership Dues

- Full member – \$60
- Associate Member – \$35

You must be actively engaged in the buying and selling of antiquarian books for at least one year to be eligible for FABA membership.

Please be advised: Because of the large size of our state, FABA Board of Directors meets infrequently – usually no more than twice a year. Therefore, it may be several months between the time you send in your application and your final notification of the board's decision. Feel free to contact the vice president for an update on your application.

As part of the review process of your application, a board member will be required to come and view your inventory. For open shops, obviously this poses little difficulty, but for those of you who deal as "mail only" dealers, some arrangement will have to be made so that a board member can review your stock. There can be no exceptions to this requirement.

DIRECTORY INFORMATION

(Please limit your entry to 45 characters per line. Text may be edited for directory printing.)

* Required

City or metro area for directory listing: *	<input type="text"/>
Business Name: *	<input type="text"/>
Street Address/P.O. Box: *	<input type="text"/>
City: *	<input type="text"/>
Zip: *	<input type="text"/>
General stock or subject specialties	<input type="text"/>
Sidelines & Services:	<input type="text"/>
Number of hardbacks: *	<input type="text"/>
Number of paperbacks: *	<input type="text"/>
Number of other items:	<input type="text"/>
Do you accept credit cards? If so, which ones? Please click all that apply.	<input type="radio"/> Visa/Mastercard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> Other
<input type="radio"/> I do not accept credit cards.	



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GENERAL INFORMATION

Please complete the items below.

Please provide the names of two FABA references:

a. The names of individuals agreeing to be your references and shop names are required.

b. If you have recently relocated to Florida, the names of two out-of-state dealers agreeing to be your references, with shop names and telephone numbers, are acceptable.

Reference 1 Name: *

Reference 1 Shop Name: *

Reference 1 Telephone: *

Reference 2 Name: *

Reference 2 Shop Name: *

Reference 2 Telephone: *

*

When did you establish or acquire your antiquarian book business?:

Have you ever been convicted of a crime? *

Yes

No

If yes, please explain in detail. *

*

Have you ever filed for bankruptcy or been adjudged bankrupt?

Yes

No

If yes, please explain in detail.

*



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What is the form of your business? *

- Sole proprietorship
- Partnership
- Corporation
- Other

If other, please explain:

Please list all persons who have a proprietary interest in your business. *

Name:

Address:

Telephone:

Name:

Address:

Telephone:

Please submit a bank reference *

Name of bank:

Address:

City

State:

ZIP:

Please submit by mail or email a copy of your Florida Resale Certificate Number. *

I affirm that the above information is true, that I have read and will abide by the FABA Bylaws and Code of Ethics, and that I am qualified for membership in the FABA. *