

MEMBERSHIP APPLICATION

SLIDELL HISTORICAL ANTIQUE ASSOCIATION
P. O. Box 1439, Slidell, LA 70459 985-643-4790

www.slidellantiques.com

MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

HOME PHONE: _____

BUSINESS HOURS /DAYS: _____

SHORT DESCRIPTION OF BUSINESS:

CIRCLE MEMBERSHIP LEVEL DESIRED:

A. \$35/Month - Entitles non-working members to voting privileges, advertising benefits, and prepayment of booth space for street fairs.

B. \$15/Month - Entitles working members to voting privileges, advertising benefits, and prepayment of booth space for street fairs.

NOTE: In order to receive free booth space, members must be a member in good standing (paid monthly dues) for at least 6 months prior to street fair events.

DATE: _____ SIGNATURE: _____

