



# The Canadian Association of Numismatic Dealers

L' Association Canadienne des Marchands Numismatiques

Box 10272 Winona Post Office, Stoney Creek, Ontario L8E 5R1

Phone: 905-643-4988 Fax: 905-643-6329

When completed, please send to the address above.

## Application For Membership

### Instructions for applicant.

Please complete all sections of this questionnaire as fully as possible, INCLUDING OBTAINING SIGNATURES OF FIVE CAND MEMBERS WILLING TO SPONSOR YOU. Notice of your application will be given to all members, who are entitled to vote on your application. If no objections are received within forty-five (45) days and your application is approved by a majority of the returned ballots, you will become a member at that time. If objections are filed they will be referred to the Dealer Control Committee and you will be notified and given a chance to respond. The Dealer Control Committee will then report and make a recommendation to the Executive Committee, who will make a final decision on your application. THE FIRST YEAR INITIATION FEE IS \$200.00 PLUS The Annual Membership Fee is presently set at \$200.00, COMING TO A FIRST YEAR TOTAL OF \$400.00. Your cheque for this fee should be attached to your application. The membership fee, is refundable if your application is not approved. Attached is a copy of the by-laws of the Association, including the Code of Ethics which is already in force. By signing this application you are agreeing to abide by the Code of Ethics. Please read it carefully before signing.

Name of individual applicant  
(or company of corporate membership) \_\_\_\_\_

Office Telephone \_\_\_\_\_  
(include area code)

Business Name  
(if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_  
(include area code)

Address \_\_\_\_\_

### Additional Contact Information

Fax \_\_\_\_\_

Telex \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

CoinNet \_\_\_\_\_

E-Mail \_\_\_\_\_

List the names of five (5) CAND members who are prepared to sponsor your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years in business: \_\_\_\_\_

Bank where your principal account is held:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

What is the principal nature of your business (ie coin dealer, publisher, etc.)

\_\_\_\_\_

Manager's Name \_\_\_\_\_

Signature Section: You are signing a legal document which binds you to certain courses of action in the event of a claim against you. Please ensure that you understand the document before you. If you have any questions, contact the Executive Secretary or the Secretary Treasurer of CAND.

I have read the by-laws of the Canadian Association of Numismatic Dealers and the Code of Ethics and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed at (name of city)

\_\_\_\_\_  
Date Signed

AFFIX CORPORATE SEAL IF APPLICANT IS A CORPORATION