



**New Retail Member Application**

Business Name: \_\_\_\_\_
DBA (if applicable): \_\_\_\_\_
Owner's Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_
Physical Address: \_\_\_\_\_
Accountant's Name: \_\_\_\_\_ Accountant's Email: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Mailing Address (if different): \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_ Website: \_\_\_\_\_
Special Shipping Instructions for Large Shipments: (Dock, Lift gate, Pallet Jack, Hand Unload)

Type of Ownership: Corporation S Corp Partnership Sole Proprietor
Federal Tax ID: \_\_\_\_\_ Permit # \_\_\_\_\_
Length of Business: (years) \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_
Do you own more than one store: Yes No (If yes, please list names and locations)

Annual sales of total business: \$ \_\_\_\_\_ Annual gross archery sales (excluding internet sales): \$ \_\_\_\_\_
If you sell categories other than archery, please list them below:

Total square footage of shop: \_\_\_\_\_ Total square footage of archery space: \_\_\_\_\_
Number of staff: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Store Hours:
Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

Have you ever belonged to another buying group? If so, please list: \_\_\_\_\_

**Application Requirements:**

To qualify and retain your membership in the National Archery Buyers Association (NABA) you must meet the following requirements. Please initial AND check box below indicating you have read and understand each of the items

Have you been in the retail archery business with a store front for two (2) years? \* Yes No (initial)
Have you been a previous NABA retailer member? Yes No (initial)
Has your business generated \$200,000 in gross archery sales alone, during the past year (excluding internet sales)? \*\* Yes No (initial)
Has your credit been clear for the past 5 years? Yes No (initial)
Is your business normally open 5 days a week? Yes No (initial)

\*Please attach TWO pictures of your business establishment. Exterior storefront AND Interior retail space.

\*\* Proof of \$200,000 of gross archery sales excluding internet sales must be verified prior to eligibility for membership.

If my business is accepted into the NABA, I agree to keep my accounts with all manufacturers and/or vendors current and agree to accept a probationary status (COD with all vendors) if my business is reported to have 90 days of delinquent accounts.

Membership Dues are to be collected by July 1<sup>st</sup> of each calendar year. **All new members are required to attend the Western National Archery Buyers Association (NABA) Trade Show during your first year of membership.** Every year following, you are required to attend one of the annual buying shows-the NABA Western Trade Show or the Archery Trade Association (ATA) show.

If these facts are not true as stated and/or there is a violation of membership requirements as stated above may result in termination of membership.

I authorize listed creditors to provide information to NABA

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit References:**

Please provide a list of five archery related business references by completing the form below:

Business Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Direct Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Number of years with an open account: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Direct Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Number of years with an open account: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Direct Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Number of years with an open account: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Direct Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Number of years with an open account: \_\_\_\_\_

Business Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Direct Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Number of years with an open account: \_\_\_\_\_

**Terms and Conditions:**

By submitting the New Retailer Membership form – you agree to the terms and conditions listed below. Applications are subject to approval by the NABA Board of Directors. You will be contacted on the status of your approval by the Executive Director.

Please initial AND check box below indicating you have read and understand each of the items

\_\_\_\_\_ I understand there will be annual dues. Membership dues will be collected July 1<sup>st</sup> of each calendar year.  
(initial) All dues received after September 1st are delinquent and may cause termination of membership.

\_\_\_\_\_ I agree to maintain a physical store location with established business hours and open to the public a  
(initial) a minimum of 5 days per week.

\_\_\_\_\_ I agree to use the NABA Ordering Portal to place orders with NABA Vendors during the ATA and/or NABA  
(initial) Shows. Minimum of \$25,000 must be placed/programmed orders during one or a combination of the two shows.

\_\_\_\_\_ I agree to attend as the Owner or send an employee with purchasing/ordering authority to attend the  
(initial) NABA Western Show for the first year of membership.

\_\_\_\_\_ I agree that I am required to attend one of the annual National Archery Buyers Association shows, typically  
(initial) held in conjunction with the ATA Show or the NABA Western Trade show to continue membership per NABA bylaws.

\_\_\_\_\_ A new retailer should make full effort to visit all participating booths at the ATA and NABA Western Trade  
(initial) Show to view and discuss new and current products as well as show specials.

\_\_\_\_\_ I agree that I am solely responsible to abide by the payment terms and conditions specified by the vendors.  
(initial) Members who fall delinquent with their accounts agree to accept a probationary status (COD) with all NABA Vendors until their accounts are made current. Members agree that should they be unable to correct the probationary status their membership will be terminated with NABA.

\_\_\_\_\_ If these facts are not true as stated and/or there is a violation of membership requirements as stated  
(initial) above may result in termination membership.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Were you referred to NABA by a Sales Representative? If so, please list their name and company below:

\_\_\_\_\_

Please return application and requirements via USPS to NABA office or scan and email to the address below:

PO Box 204, New Ulm MN 56073  
Email: kelly@naba-archery.com  
Questions: (507)220.8121