

Southern New England Antiquarian Booksellers Application for Membership

Name(s):

Business name:

Street address:

Mail address:

Town, state, zip:

Phone:

Fax:

Email:

Website:

Specialties:

Hours:

By appointment?

Appraisals?

Please ask two current SNEAB members to write you a letter of recommendation (www.SNEAB.com for list).

Sponsors:

Signed: _____ Date:

Send to:

Peter L. Masi, PO Box B, Montague, MA 01351 masibook@verizon.net