



# MEMBERSHIP APPLICATION

PHILIP A. BIBEAU, Executive Director  
P.O. Box 761 Westminster, MA 01473-0761  
978/874-5445 FAX 978/874-9946

Please accept our application for membership in the Wood Products Manufacturers Association under the following classification (please ✓ check one classification):

MANUFACTURING MEMBER			
TOTAL EMPLOYEES	DUES	TOTAL EMPLOYEES	DUES
<input type="checkbox"/> 1 - 5	\$ 495	<input type="checkbox"/> 21 - 25	\$ 780
<input type="checkbox"/> 6 - 10	\$ 565	<input type="checkbox"/> 26 - 30	\$ 895
<input type="checkbox"/> 11 - 15	\$ 635	<input type="checkbox"/> 31 - 35	\$1,010
<input type="checkbox"/> 16 - 20	\$ 705	<input type="checkbox"/> 36 +	\$1,125

Manufacturer of parts utilized in the secondary wood products industry  
Architectural Millwork, etc.  
Furniture Manufacturers  
Producer of Squares or Lumber / Distribution Yard

**ASSOCIATE MEMBERS**

Open to those engaged in the preparation or wholesale distribution of materials, supplies or equipment for the membership and purchasers of products manufactured by members.

<input type="checkbox"/> Brokers (Office Only) . . . . .	\$ 650.00/year
<input type="checkbox"/> Suppliers of machinery and equipment . . . . .	\$ 650.00/year
<input type="checkbox"/> Industrial finishes, coatings, adhesives, abrasives, metal parts, etc. . . . .	\$ 650.00/year
<input type="checkbox"/> Open to firms supplying services to members. . . . .	\$ 650.00/year
<input type="checkbox"/> Educational and Governmental Representatives. . . . .	\$ 650.00/year

If accepted, we agree to pay dues as established for our class of membership and to abide by the bylaws of the association.

**WE UNDERSTAND THAT DUES ARE ANNUAL AND ONGOING UNLESS WE NOTIFY THE ASSOCIATION IN WRITING.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

WEBSITE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRIMARY CONTACT PERSON \_\_\_\_\_ NICKNAME \_\_\_\_\_  
Please Print

ALTERNATE CONTACT PERSON \_\_\_\_\_ NICKNAME \_\_\_\_\_  
Please Print

NUMBER OF YEARS YOUR COMPANY HAS BEEN IN BUSINESS \_\_\_\_\_

DATE YOUR BUSINESS INSURANCE RENEWS \_\_\_\_\_

**PAYMENT METHOD:** Check Enclosed For \$\_\_\_\_\_. Please make checks payable to:  
**Wood Products Manufacturers Association**

Credit Card Type *Please check ✓ One:*  MasterCard  Visa  American Express®

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Sec# \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_