



Membership Application

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
<input type="checkbox"/> 1 - 5	\$550 / year
<input type="checkbox"/> 6 - 15	\$675 / year
<input type="checkbox"/> 16 - 25	\$825 / year
<input type="checkbox"/> 26 - 35	\$1,050 / year
<input type="checkbox"/> 36 +	\$1,250 / year
<input type="checkbox"/> Manufacturer of parts utilized in the secondary wood products industry	
<input type="checkbox"/> Architectural Millwork, etc.	
<input type="checkbox"/> Furniture Manufacturers	
<input type="checkbox"/> Distributor of Lumber, Squares or Veneer	
<input type="checkbox"/> Sawmills, Pallet, Veneer, etc.	

ASSOCIATE MEMBER

DESCRIPTION	DUES
<input type="checkbox"/> Brokers (Office Only)	\$800 / year
<input type="checkbox"/> Suppliers of machinery and equipment	\$800 / year
<input type="checkbox"/> Industrial finishes, coatings, adhesives, abrasives, metal parts, rollers, etc	\$800 / year
<input type="checkbox"/> Educational and Governmental Representatives	\$800 / 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.

COMPANY NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP + 4 CODE _____

TELEPHONE _____

FAX _____

WEBSITE _____

E-MAIL _____

PRIMARY CONTACT PERSON

Please Print _____

ALTERNATE CONTACT PERSON

Please Print _____

E-MAIL _____

YEARS YOUR COMPANY HAS BEEN IN BUSINESS _____

DATE YOUR PROPERTY INSURANCE RENEWS _____

SIGNED _____

DATE _____

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: _____