



# 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	\$600 / year
<input type="checkbox"/> 6 - 15	\$750 / year
<input type="checkbox"/> 16 - 25	\$925 / year
<input type="checkbox"/> 26 - 35	\$1,200 / year
<input type="checkbox"/> 36 +	\$1,450 / 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)	\$950 / year
<input type="checkbox"/> Suppliers of machinery and equipment	\$1,500 / year
<input type="checkbox"/> Industrial finishes, coatings, adhesives, abrasives, metal parts, rollers, etc	\$1,000 / year
<input type="checkbox"/> Educational and Governmental Representatives	\$900 / 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: \_\_\_\_\_