

LUMBER ASSOCIATION OF CALIFORNIA & NEVADA



MEMBERSHIP APPLICATION – Associate Member

(Any person, partnership, business or corporation who provides lumber or building materials products to the industry and are not engaged in the retail lumber or building materials business is eligible for this membership category.)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

(If different from mailing address)

Phone: _____ Fax: _____

Website: _____

Contact Information:

(Please list all company personnel who would like LACN information. Separate page may be used.)

Primary Contact: _____ Title: _____ Email: _____

Officers/Principals/Owners of firm:

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

Other Key Personnel:

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

Business Information:

Year business founded: _____

Brief description of business/company history/products & services:

LUMBER ASSOCIATION OF CALIFORNIA & NEVADA

177 Parkshore Drive
Folsom CA 95630
1-800-266-4344

Telephone: 916/235-7490

Fax: 916/235-7496

Website: www.lumberassociation.org

Dues schedule and payment information on reverse side

PAYMENT INFORMATION

Firm Name: _____

Signature: _____ Date: _____

Firms under \$20-million annual sales volume, \$550

Firms over \$20-million annual sales volume, \$600

Multi-facility firms may have additional locations or offices join for \$200 per location

____ @ \$200 per location

TOTAL ENCLOSED \$ _____

Additional location(s) information:

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

Other Key personnel at this location:

_____ Title: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

Other Key personnel at this location:

_____ Title: _____ Email: _____

(Use additional pages if needed)

For your convenience LACN accepts credit cards. To pay by credit card please complete the following information and fax to 916-235-7496 or mail to LACN at: 177 Parkshore Drive, Folsom, CA 95630.

CREDIT CARD PAYMENT MasterCard Visa American Express Discover

Card Number: _____ CCV-CSC#: _____ Expiration Date: _____

Name on Card: _____ Authorized \$ to Charge: _____

If company card - Company Name: _____

Cardholders Signature: _____

ADDITIONAL INFORMATION REQUEST: As a member of LACN you may be interested in or eligible for various products and services of the association. Check the boxes below and information will be provided.

- Advertising/annual membership directory
- Advertising/monthly newsletter
- Exhibition at annual convention trade show
- Golf tournament sponsorships
- Group health insurance programs
- Discounted business forms and materials

Membership in LACN is deductible for Federal Income Tax purposes as ordinary and necessary business expenses according to ORS Code Section 182(e). A portion of dues is not deductible as ordinary and necessary business expenses to the extent LACN engages in lobbying activities. The non-deductible portion of dues for this year is 15%.

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