

2019

WEST COAST
**LUMBER &
BUILDING MATERIAL
ASSOCIATION**

102 YEARS OF SERVICE TO THE LUMBER & BUILDING MATERIAL INDUSTRY

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: _____

Physical Address: _____

(If different from mailing address)

Phone: _____ Fax: _____

Website: _____

Contact Information:

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

Please note that Associate Membership includes ALL company locations including corporate offices as well. Please provide contact data for all locations below or on additional pages as needed.

Primary Contact:

_____ Title: _____ Email: _____

Officers/Principals/Owners of firm:

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

Other Key Personnel:

_____ Title: _____ Email: _____

_____ Title: _____ Email: _____

Additional location(s) information:

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

Other Key personnel at this location:

_____ Title: _____ Email: _____

(Use additional pages as needed for additional locations)

Additional location(s) information:

_____ Title: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____ Email: _____

Other Key personnel at this location: _____ Title: _____ Email: _____

(Use additional pages as needed for additional locations)

(Dues schedule and payment information on reverse of this page)

Business Information:

Year business founded _____

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

PAYMENT INFORMATION

Firm Name: _____

Signature: _____

Date: _____

Firms under \$20-million volume annually \$700

Firms over \$20-million volume annually \$850

TOTAL ENCLOSED

\$ _____

Please note that Associate Membership includes ALL company locations including corporate offices as well. Please provide contact data for all locations on first page or additional pages with application.

For your convenience WCLBMA accepts credit cards. To pay by credit card please complete the following information and fax to 916-235-7496 or mail to WCLBMA 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: _____

Membership in WCLBMA is deductible for Federal Income Tax purposes as ordinary and necessary business expenses according to IRS Code Section 182(e). A portion of dues is not deductible as ordinary and necessary business expenses to the extent WCLBMA engages in lobbying activities. The non-deductible portion of dues for this year is 25%.

WEST COAST LUMBER & BUILDING MATERIAL ASSOCIATION

177 Parkshore Drive, Folsom CA 95630

1-800-266-4344

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Website: www.lumberassociation.org

E-mail: kend@lumberassociation.org