



MEMBERSHIP APPLICATION – Associate Member 2026

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: _____

Phone: _____ Fax: _____

Website: _____

Contact Information:

Please list all company personnel who would like to receive West Coast LBMA information. Membership includes all company locations including corporate offices.

Primary Contact:

Name: _____ Title: _____ Email: _____

Officers/Principles/Owners/Additional Key Personnel:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Additional Locations:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Additional Locations:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Dues schedule and payment information on back/next page

Business Information:

Year business founded _____

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

Payment Information:

Company Name: _____

Signature: _____

Date: _____

2026 Dues Schedule:

- ☐ \$875 - Firms under \$20 million annual sales volume
- ☐ \$1,075 - Firms over \$20 million annual sales volume

To Pay By Check - Mail To:

West Coast LBMA • 500 Capitol Mall, Suite 2350 • Sacramento, CA • 95814

Phone (916) 235-7490 • charlenev@lumberassociation.orgwww.lumberassociation.org☐ MasterCard ☐ Visa ☐ Discover ☐ American Express ☐ Pay On-Line <https://lumberassociation.org/pay-now/>

Company Name: _____

Card Number: _____

CVV#: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

If Company Card, Co. Name: _____

Date: _____

Amount to Charge: _____

Members of West Coast LBMA give their express permission for the association to send all contacts listed on this application emails either directly or through email marketing programs. Membership in West Coast LBMA 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 West Coast LBMA engages in lobbying activities. The non-deductible portion of dues for this year is 5%.