

LUMBER ASSOCIATION OF CALIFORNIA & NEVADA



MEMBERSHIP APPLICATION – Affiliate Member

[Any person, partnership, business or corporation who provides professional or other services or products that are not directly related to the lumber or building materials industry, and are not eligible for other membership categories.]

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

[If different from mailing address]

Telephone _____ Fax _____

Website address _____

Contact Information

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

Primary Contact _____ Title _____ E-mail _____

Officers/Principals/Owners of firm

_____ Title _____ E-mail _____

_____ Title _____ E-mail _____

_____ Title _____ E-mail _____

Other Key Personnel

_____ Title _____ E-mail _____

_____ Title _____ E-mail _____

Business Information

Year business founded _____

Brief description of business/company history/products & services

LUMBER ASSOCIATION OF CALIFORNIA & NEVADA

3130 Fite Circle
Sacramento CA 95827
1-800-266-4344

Telephone: 916/369-7501

Fax: 916/369-8271

Website: www.lumberassociation.org

Dues schedule and payment information on reverse of this page

PAYMENT INFORMATION

Firm Name _____

Signed by _____ Date _____

Check enclosed for \$ 350 – Home or main location

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

Check enclosed for \$ 200 per additional location or office

TOTAL ENCLOSED \$ _____

Additional location(s) information:

• Address _____ City/State/Zip _____

Telephone _____ Fax _____ Website _____

Primary Contact _____ Title _____ E-mail _____

Other Key personnel at this location

_____ Title _____ E-mail _____

• Address _____ City/State/Zip _____

Telephone _____ Fax _____ Website _____

Primary Contact _____ Title _____ E-mail _____

Other Key personnel at this location

_____ Title _____ E-mail _____

(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 916-369-8271 or mail to LACN at: 3130 Fite Circle, Sacramento CA 95827.

Card Type: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____

Name On Card: _____

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 IRS 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 19%.

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