

2010

LUMBER ASSOCIATION OF CALIFORNIA & NEVADA



MEMBERSHIP APPLICATION – Dealer Member

[Any person, partnership, business or corporation engaged in the retail lumber and/or building materials business is eligible for membership]

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

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 of this page

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Dues Schedule

[First year is minimum dues in category, subsequent years are based on previous year's sales volume]

<u>Sales Volume (including sales tax)</u>	<u>Annual Dues Schedule</u>
<i>Lumber yards or building material dealers:</i>	
Under \$1,000,000 (or first year of membership)	\$ 350
\$1,000,001 to \$2,000,000	\$ 575
\$2,000,001 to \$3,000,000	\$ 750
\$3,000,001 to \$4,000,000	\$ 825
\$4,000,001 to \$6,000,000	\$ 945
\$6,000,001 to \$10,000,000	\$1,025
\$10,000,001 to \$15,000,000	\$1,105
\$15,000,001 to \$20,000,000	\$1,185
\$20,000,001 to \$25,000,000	\$1,260
\$25,000,001 to \$50,000,000	\$1,365
\$50,000,001 to \$65,000,000	\$1,470
Over \$65,000,000	\$1,540
Each additional yard	\$ 200

PAYMENT INFORMATION

Firm Name _____

Signed by _____ Date _____

Check enclosed for \$ _____ [Dealer membership]

Additional lineyards at \$200/ea for _____ yards

[If applicable. include contact person(s), address, telephone, fax, e-mails for additional lineyards on separate sheet]

TOTAL ENCLOSED \$ _____

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.

Card Type: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____

Name On Card: _____

If company card - Company Name: _____

Cardholders Signature: _____

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 19%.

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