



LAKE STATES LUMBER ASSOCIATION, INC.

MEMBERSHIP APPLICATION \$500 ANNUAL DUES (\$250 IF JOINING MID-YEAR)

Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Web Address: _____

Business Type: _____

Annual: _____

Species: _____

Products: _____

Divisions or Subsidiaries (with contact persons, phone and fax numbers, and email addresses):

Please mail, email or fax this application to:

Lake States Lumber Association, Inc.

P.O. Box 8724

Green Bay, WI 54308-8724

Phone: 920/884-0409

Fax: 920/455-7705

Email: lsla@lsla.com

Web: www.lsla.com

If you would like to pay your dues with credit card, please fill out the following page and fax it with your membership application.



CREDIT CARD CHARGE MEMO

Purchase: _____

Date: _____

Amount Charged: \$ _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code (last 3 digits on back of credit card): _____

Billing Address on Credit Card Statement:

Street _____

City _____ State _____ Zip _____

Email _____