



# 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were recruited by a LSLA member, please list their name and company here:

\_\_\_\_\_

Please mail, email or fax this application to:

Lake States Lumber Association, Inc.  
1353 W Hwy US 2, Suite 2  
Crystal Falls, MI 49920  
Phone: (920) 884-0409  
Fax: (906) 875-3724  
Email: [lsla@lsla.com](mailto:lsla@lsla.com)  
Web: [www.lsla.com](http://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.



Please charge the following credit card:

Date: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of credit card): \_\_\_\_\_

Billing Address Zip Code on Credit Card Statement: \_\_\_\_\_

Email (for sending receipt) \_\_\_\_\_

Signature: \_\_\_\_\_