



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.
337 Superior Avenue
Crystal Falls, MI 49920
Phone: (920) 884-0409
Fax: (906) 875-3724
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.



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: _____