



LAKE STATES LUMBER ASSOCIATION, INC.

MEMBERSHIP APPLICATION \$600 ANNUAL DUES

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: _____