



# NORTHWESTERN LUMBER ASSOCIATION

## Associate Application for Membership

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX : \_\_\_\_\_

I give permission to NLA to fax and email information to our company.  Yes  No

e-mail Address \_\_\_\_\_

Owners, Officers, Partners (include title): \_\_\_\_\_

Other Locations (address, city, state, zip, phone, fax, e-mail and manager):

(use back of application if you need additional space)

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

How many employees work full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Please describe your business (i.e.products/services offered)

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

List the major product lines you sell:

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

Describe the benefit that your products and/or service would provide NLA members:

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

Return to: Northwestern Lumber Association, 701 Decatur Avenue North, Suite 105, Golden Valley, MN 55427

I understand by providing my mailing and e-mail addresses, telephone & fax numbers, I consent to receive communications by or on behalf of Northwestern Lumber Association via regular mail, e-mail, telephone or fax.