



NORTHWESTERN LUMBER ASSOCIATION

Application for Retail Membership

COMPANY INFORMATION (PLEASE COMPLETE IN FULL)

Company Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ FAX : _____

Email: _____ Website: _____

I give permission to NLA to fax and email information to our company. Fax Email

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)

Our company is: Partnership Corporation Co-Op Individual

RETAIL BUSINESS INFORMATION (PLEASE COMPLETE IN FULL)

Retail Sales Tax Permit Number: _____

What are your regular business hours: _____

How many employees work full time: _____ Part time: _____

What is the square footage of your display area: _____

How large is your warehouse/storage facility: _____

Do you own or operate a contracting business/operation? YES _____ NO _____

If yes, please list your contractor license number: _____

If yes, please answer the following questions?

% of Inventory used for your own (or family affiliated) contracting business: _____

% of Inventory used for retail sales to the community: _____

What percentage of your retail sales is contractor-based: _____

What percentage of your retail sales is consumer-based: _____

List the major product lines you stock (i.e. lumber, hardware, doors):

List four of your primary suppliers for lumber, building materials or hardware and their location:

Return to: Northwestern Lumber Association, 701 Decatur Avenue N., 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.