

# MID-AMERICA LUMBERMENS ASSOCIATION APPLICATION FOR ASSOCIATE MEMBERSHIP

Please return to:

**MID-AMERICA LUMBERMENS ASSOCIATION**

P.O. Box 419264, Kansas City, MO 64141-6264

Phone: 800-747-6529 or 816-561-5323; Fax: 816-561-1249

(Please print or type so MLA records are as accurate as possible.)

Firm Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Toll Free No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Internet Home Page Address (URL) \_\_\_\_\_

## ASSOCIATE MEMBERSHIP DUES SCHEDULE

Indicate Category	Annual Rate*
<input type="checkbox"/> Manufacturer .....	\$495
<input type="checkbox"/> Wholesaler, Distributor, Jobber or Service Firm .....	\$395

\*Dues include a year's subscription to the *MLA News You Can Use* newsletter and the *MLA LINE*, electronic newsletter

- Dues Check Enclosed                       Bill Company
- Charge dues to Visa \_\_\_\_\_ or MasterCard \_\_\_\_\_      Sec. code \_\_\_\_\_

Credit Card Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

We hereby apply for Associate Membership in the Mid-America Lumbermens Association. If accepted, we will abide by its bylaws and pay such Annual Membership Dues in advance, until resignation.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE NOTE:** *MLA is a qualified Not-For-Profit trade association under 501©6 of the Internal Revenue Code. For federal income tax purposes, 4 percent of your dues are not a deductible business expense because of the Omnibus Budget Reconciliation Act of 1993, which prohibits the deductibility of state and federal lobbying activities on behalf of members.*