



# TPM MEMBER APPLICATION

951 East Third Avenue, Spokane, WA 99202 ▲ phone (509) 535-4646 ▲ fax (509) 534-6106  
web www.timberassociation.com ▲ email tpm@tpmrs.com

To the Board of Directors of the Timber Products Manufacturers:

Date:

- REGULAR MEMBER
- ASSOCIATE MEMBER

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

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*(If different than mailing address)*

Physical Address: \_\_\_\_\_ *Required* Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

Average Number of Employees: \_\_\_\_\_ Membership Effective: 1st Day of \_\_\_\_\_

The undersigned Employer hereby makes application to become a member of TIMBER PRODUCTS MANUFACTURERS, a voluntary Association of Employers incorporated under the laws of the State of Washington. The undersigned agrees to pay regular and periodic dues, at the rate indicated to the right, in advance, and to retain membership for **AT LEAST ONE (1) YEAR** unless our firm should, for any reason, cease to exist within that year. The undersigned further agrees that should we wish to withdraw at any time after one year, we will tender our resignation **IN WRITING, AND GIVE AT LEAST TEN (10) DAYS ADVANCE NOTICE PRIOR TO THE FIRST DAY OF THE MONTH OF WITHDRAWAL.**

TIMBER PRODUCTS MANUFACTURERS ASSOCIATION		
Dues Schedule Effective January 1, 2015.		
Full Service Membership		
<input type="radio"/>	\$131.50 PER MONTH	5-25 EMPLOYEES
<input type="radio"/>	\$165.00 PER MONTH	26-40 EMPLOYEES
<input type="radio"/>	\$ 4.05 PER EMPLOYEE/PER MONTH	41-425 EMPLOYEES
<input type="radio"/>	\$1725.00 MAXIMUM MONTHLY DUES OVER	426 + EMPLOYEES

We also agree that our membership is subject to the Articles of Incorporation and By-Laws of the Corporation, and any modification which may be made therein.

**Please complete the following by checking all boxes that apply.**

- Millwork
- Pallets
- Retail
- Private Timber Land
- Remanufacturing
- Lumber Mill
- Wood Treatment
- Distribution
- Equipment Manufacturing
- Log Homes
- Logging
- Transportation
- Manufacturing
- Equipment Sales
- Furniture
- Other Please explain: \_\_\_\_\_

End user of your products: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please complete this profile and return it to our office along with your membership application.

# TPM MEMBERSHIP PROFILE

Many members participate in TPM's ancillary programs. These programs are successful and can add substantial savings to your company's bottom line. **To offer these services in advance of your renewals, it is beneficial if we know your current carriers and renewal dates.**

Broker: \_\_\_\_\_

Insurance Type	Insurance Carrier	Month of Renewal
Commercial/General Liability:	_____	Month of Renewal: _____
Health/Medical:	_____	Month of Renewal: _____

Provide a Short Description of Your Company and its Relationship to the Wood Products Industry:

**It is important that TPM materials reach the appropriate person at your company. Please identify your key personnel. The same person maybe identified in more than one category if necessary. Email address is required. If you do not have an email address please note so in the "Email" space, NO EMAIL.**

Executive Contact: (Such as CFO/CEO)	_____	Email:	_____
Human Resource Contact:	_____	Email:	_____
Safety Contact:	_____	Email:	_____
Bookkeeping Contact:	_____	Email:	_____
Employee Benefits Contact:	_____	Email:	_____
Preferred Point of Contact:	_____	Email:	_____

**Please print form and sign the application for membership. Remember to include both pages. (Application & Profile) Return to TPM, 951 East Third Avenue, Spokane, WA 99202 or email a scanned copy to [tpm@tpmrs.com](mailto:tpm@tpmrs.com).**