



TPM MEMBER APPLICATION

May 2023

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.

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.

TIMBER PRODUCTS MANUFACTURERS ASSOCIATION		
Dues Schedule Effective May 1, 2023.		
Full Service Membership		
<input type="radio"/>	\$145.00 PER MONTH	5-25 EMPLOYEES
<input type="radio"/>	\$185.00 PER MONTH	26-42 EMPLOYEES
<input type="radio"/>	\$4.35 PER EMPLOYEE/PER MONTH	43-414 EMPLOYEES
<input type="radio"/>	\$1800.00 MAXIMUM MONTHLY DUES	OVER 415 + EMPLOYEES

How is this company related to the wood products industry? Please check all boxes that apply.

- | | | | | | |
|--|--|---|--|---|--|
| <input type="checkbox"/> Arborist/Forester | <input type="checkbox"/> Distribution | <input type="checkbox"/> Furniture Mfg. | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Post & Pole | <input type="checkbox"/> Road Construction |
| <input type="checkbox"/> Bio-energy | <input type="checkbox"/> Engineering | <input type="checkbox"/> Land Development | <input type="checkbox"/> Millwork | <input type="checkbox"/> Reforestation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> CLT | <input type="checkbox"/> Equipment Mfg. | <input type="checkbox"/> Logging | <input type="checkbox"/> Pallet Mfg. | <input type="checkbox"/> Remanufacturing | <input type="checkbox"/> Wood Salvage |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Fruit Tree Industry | <input type="checkbox"/> Lumber Mill | <input type="checkbox"/> Pellets/Chips | <input type="checkbox"/> Retail/Wholesale | <input type="checkbox"/> Wood Treatment |

Other please explain:

End user of products:

Print Name: _____ Title: _____

Signature: _____ Date: _____



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

TPM MEMBERSHIP PROFILE

Broker: _____

Broker Company: _____

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: _____ Job Title: Email: _____
(Such as CFO/CEO/Pres.)

Human Resource Contact: _____ Job Title: Email: _____

Safety Contact: _____ Job Title: Email: _____

Bookkeeping Contact: _____ Job Title: Email: _____

Employee Benefits Contact: _____ Job Title: Email: _____

Preferred Point of Contact: _____ Job Title: Email: _____