



LUMBERMEN'S ASSOCIATION OF TEXAS
 Serving Dealers. Supporting Builders. Since 1886.

2018 ANNUAL ASSOCIATE MEMBER DUES

Manufacturer / Wholesaler / Distributor / Broker Selling to Retailers & Dealers:

| | | |
|----------------------------------|--------|----------|
| National Firm (7 or more states) | \$1450 | \$ _____ |
| Regional Firm (3 to 6 states) | \$950 | \$ _____ |
| State Firm (1 or 2 states) | \$650 | \$ _____ |
| Firm Selling Services ONLY | \$650 | \$ _____ |

Additional 2018 LAT Directories @ \$25.00 each \$ _____

Total Amount Enclosed: TOTAL DUE \$ _____

Please complete all contact information and include with payment. Be sure to update mail, fax and email info to ensure an accurate listing in the 2018 LAT DIRECTORY and weekly industry communications.

Key Contact: _____ **Title:** _____

Company Name: _____ **Website:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Checks made payable to LAT (and mailed to the address below) preferred. If your company policy is to pay by credit card, please email latadmin@lat.org for a credit card form. Thank You!

Please note: LAT dues are not deductible as charitable contributions for income tax purposes. But 97% of your dues are deductible as an ordinary and necessary business expense due to the legislative representation LAT provides for you.

Please include everyone in your company who would like to receive LAT e-Communications.
(NOTE: If you'd like to add more than one employee, you'll find additional forms on page 2 of this document.)

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____



LUMBERMEN'S ASSOCIATION OF TEXAS
Serving Dealers. Supporting Builders. Since 1886.

CONTINUED FROM PAGE ONE: Please include everyone in your company who would like to receive LAT e-Communications:

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Please submit this form along with Page One and the correct Dues Payment. Make additional copies of this form as needed or email latadmin@lat.org with additional locations or employees to receive LAT e-Communications. Thank You!