



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

2018 ANNUAL DEALER MEMBER DUES

RETAIL DEALER MEMBERS (BASED ON GROSS SALES)

Gross Sales of up to \$5 Million	\$750	\$ _____
Gross Sales of \$5,000,001 - \$10 Million	\$1250	\$ _____
Gross Sales of \$10,000,001 - \$25 Million	\$1750	\$ _____
Gross Sales of \$25,000,001 - \$50 Million	\$2500	\$ _____
Gross Sales of \$50,000,001 - \$100 Million	\$5000	\$ _____
Gross Sales of \$100 Million and over	\$7500	\$ _____

- Dealer Dues include membership in NLBMDA - the National Lumber & Building Material Dealers Association.

Please complete all contact information and include with payment. Be sure to update mail, fax and email to ensure an accurate listing in the 2018 LAT DIRECTORY and receipt of 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 and/or location, you'll find additional forms on page 2 of this document.)

Name: _____ **Title:** _____

Address: _____

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

Phone: _____ **Fax:** _____

E-mail: _____



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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!**