



Southeastern Lumber Manufacturers Association Membership Application

SLMA's Mission:

To provide value-added products, programs and services uniquely tailored to the needs of independent lumber manufacturers in the southeastern United States.

Phone: (404) 361-1445
Fax: (404) 361-5963

www.slma.org

Please print or type all information requested. All applicants send this form with the appropriate dues to:

SLMA
Attn: Membership
P.O. Box 1788
Forest Park, GA 30298

Or fax to: (404) 361-5963
SLMA will generate a dues invoice for all membership applications received by fax.

For SLMA only:

Date form received: _____

Entered into iMIS: _____

Dues paid:
Amount: \$ _____

Check # _____

Date: _____

Approval—SLMA President

Team Update

Our company will be joining as:

- Regular Manufacturer
 - Softwood/Pine Manufacturer— dues calculated at \$.31/mbf per month
 - Hardwood Manufacturer - dues calculated at \$.21/mbf per month
- Treater - dues calculated at \$125/month or \$1500 lump sum annual payment
- Associate Member - suppliers/vendors of the lumber industry dues: \$500/year *
* this amount is paid at the time of joining and is not prorated

Dues billing process:

Dues for manufacturers are based on production and will be invoiced on the first of the month for the prior month.

Treaters will either elect to pay dues on a monthly basis or submit an annual payment at the time of joining.

Associate fee is due at time of membership activation and will not be prorated.

Minimum monthly dues for manufacturers are \$125. The Revenue Act of 1987 provides that dues payments are deductible as "ordinary and necessary" business expenses, but are not deductible as charitable contributions for federal income tax purposes.

Member companies with multiple operations are required to pay dues on the entity yielding higher dues, i.e. a sawmill with a treating plant on site must pay dues based on the production of the sawmill rather than the rate for the treating facility.

The Association reserves the right, at any time, to ascertain and verify shipments of the mill or mills of the below Member, and to cancel this contract for any willful violation of the Articles of Incorporation or Bylaws of SLMA on the part of the Member.

_____	_____
Applicant	Date
_____	_____
SLMA President	Date

Member Information

Company Name: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Referred By: _____