

ENGINEERED WOOD TECHNOLOGY ASSOCIATION

EWTA

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____ hereby applies for associate membership in the Engineered Wood Technology Association on the _____ day of _____, 2008 and agrees to abide by all policies and bylaws in effect and as may be hereafter amended. Applicant agrees to support the activities of the Engineered Wood Technology Association and to advance the common business interests of the engineered wood products industry at every opportunity. Applicant understands this application is subject to approval by the APA—The Engineered Wood Association Board of Trustees.

Authorized by: _____ Title: _____

Representative 1: _____ Title: _____ Email: _____
(Primary representative will be listed in EWTA printed and online director/billing contact unless otherwise noted/receives publications)

Representative 2: _____ Title: _____ Email: _____
(Secondary representative will receive copies of EWTA correspondence)

Rep 1 Phone: _____ Rep 2 Phone: _____ Fax: _____ Website: _____

Street/UPS Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Mailing address (if different): _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Company directory profile (one paragraph): _____

Please select the ONE category that best applies to your company:

- | | |
|--|--|
| <input type="checkbox"/> Adhesives / Fillers / Extenders / Binders | <input type="checkbox"/> Consulting / Research / Product Performance |
| <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Equipment / Tooling | <input type="checkbox"/> Panel Repair / Upgrade |
| <input type="checkbox"/> Sealers / Coatings / Finishing | <input type="checkbox"/> Software / Commerce / Systems |
| <input type="checkbox"/> Specialty Services | <input type="checkbox"/> Veneer / Overlays |
| <input type="checkbox"/> Other (list): _____ | |

Check the market segments you serve:

Plywood OSB LVL Glulam I-Joist Rim Board

EWTA Annual Associate Membership Dues: \$1,200 (Call or email for prorate information if you are a new member).

Payment Option: Check or: Master Card: Visa American Express

Card Number: _____ EXP. Date: _____

**(An extra 3% bank-processing fee will be charged for all credit card payments)*

Card Holder's Name: _____ Card Holder's Signature: _____

Return this form with dues payment to *Engineered Wood Technology Association*:
7011 South 19th Street, Tacoma, Washington 98466
Phone: 253-620-7237 / Fax: 253-565-7265 / Email to terry.kerwood@apawood.org