

RETAIL MEMBERSHIP AGREEMENT		APPROVAL DATE:
Company Name		
Contact Person		
Title		
Address		
City, State, Zip		
Phone		
Fax		
Website	<i>E-mail</i>	
Organization Type	(Check One) <input type="checkbox"/> <u>Corporation</u>	<input type="checkbox"/> <u>Partnership</u> <input type="checkbox"/> <u>Individual</u>

The undersigned hereby makes application for Membership in the Northeastern Retail Lumber Association, (NRLA), The National Lumber & Building Material Dealers Association and your state and local association. This includes a subscription for the *Lumber Co-Operator*, a value of \$80 per year, which is included in the annual dues. The undersigned agrees to pay membership dues to be determined by the Board of Directors, upon the basis of total annual sales for the most recent fiscal year for all locations and such other factors as it may deem equitable to take into consideration. The retailer further agrees, if elected, to abide by the Constitution and Bylaws of the respective associations as they currently exist or as they may be amended or changed at any future time and to pay such annual dues in advance, until resignation. In return, the association agrees to provide such information, aid or assistance as it is the lawful province of such organization to render.

TOTAL ANNUAL SALES FOR YOUR MOST RECENT FISCAL YEAR FOR ALL LOCATIONS (Including Building Materials, Paint, Hardware and Millwork):			
SALES VOLUME	DUES (+\$60/branch)	SALES VOLUME	DUES (+\$60/branch)
\$000 - \$2,999,999	\$1,090.00	\$040,000,000 - \$49,999,999	\$3,340.00
\$003,000,000 - \$5,999,999	\$1,650.00	\$050,000,000 - \$99,999,999	\$3,650.00
\$006,000,000 - \$9,999,999	\$2,420.00	\$100,000,000 - \$149,999,999	\$4,780.00
\$010,000,000 - \$19,999,999	\$2,880.00	\$150,000,000 - \$199,999,999	\$5,900.00
\$020,000,000 - \$29,999,999	\$2,970.00	\$200,000,000 - \$ 1 Billion	\$6,995.00
\$030,000,000 - \$39,999,999	\$3,050.00	\$ 1 Billion or more	.004% of sales

Number of branches: _____

Please add \$60 per branch to your dues amount.

Enclosed is our check in the amount of \$ _____ made payable to the Northeastern Retail Lumber Association.

DISCLOSURE STATEMENT: Contributions to the Northeastern Retail Lumber Association are not deductible as charitable contributions for federal income tax purposes. However, they are deductible as ordinary and necessary business expenses subject to limitations imposed as a result of association lobbying activities. Non-deductible portion is reflected on your annual dues statement.

I understand that by providing my company's information I consent to receive information via mail, fax or e-mail sent by or on behalf of the Northeastern Retail Lumber Association (NRLA, NRLA Inc.), the Lumber and Building Material Dealers Foundation (LBMDF), the Northeastern Young Lumber Execs (NYLE), and the NRLA's State and Local Association affiliate organization(s).

 Signature of designated officer of applying co. Date _____

Company Name:

RETAIL MEMBERSHIP AGREEMENT

GENERAL INFORMATION ON THE HISTORY OF YOUR COMPANY

Date Founded:	Number of Full Time Employees:
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Sales Breakdown in %: _____ Contractor _____ Do-It-Yourself _____ Commercial

Top 5 Products Sold By Your Company:
1.
2.
3.
4.
5.

MAILING INFORMATION Please identify the Owner/President/CEO (this will be the person to whom all NRLA communications will be sent):

Name:	Title:
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Please indicate if you would like other individuals in your company to receive mailings on the following topics (Indicate their name and mailing address if different than the main address listed.)

TOPIC	NAME	MAILING ADDRESS	E-MAIL ADDRESS
LEGISLATIVE			
REGULATORY			
CONVENTION			
HUMAN RESOURCES			
INSURANCE			
EDUCATION			
MEMBERSHIP PROGRAMS			
STATE & LOCAL NOTICES			

MEMBERSHIP INTERESTS

- | | |
|---|--|
| <input type="checkbox"/> Networking with your peers at local events | <input type="checkbox"/> Education |
| <input type="checkbox"/> Regulatory and compliance issues | <input type="checkbox"/> Legislative involvement |
| <input type="checkbox"/> NYLE (Northeastern Young Lumber Execs) | <input type="checkbox"/> Human resources |
| <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Convention (LBM Expo) |
| <input type="checkbox"/> Discounts on group purchasing (Business forms, etc.) | |

Approved by _____ DATE _____
(State and Local Association President)

Regional Director _____ DATE _____
Signature (Signature validating information prior to processing)