**Northeastern Retail Lumber Association**
585 North Greenbush Road, Rensselaer, NY 12144-9453

Phone: 800-292-6752 Fax: 518-286-1755 Website: www.nrla.org

# RETAIL MEMBERSHIP AGREEMENT

APPROVAL DATE:

| | |
|---|---|
| Company Name | |
| Contact Person | |
| Title | |
| Address | |
| City, State, Zip | |
| Phone | |
| Fax | |
| Website | E-mail |
| Organization Type | (Check One) _ __ Corporation _ _ Partnership _ _Individual |

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 | EACH ADDITIONAL BRAND YARD |
|---|---|---|
| $0 - $5,999,999 | $1,395.00 | +$500/Branch Yard (max 2 branch yards) |
| $006,000,000 - $29,999,999 | $2,895.00 | +$500/Branch Yard (max 5 branch yards) |
| $030,000,000 - + | $3,595.00 | +$500/Branch Yard (max 10 branch yards) |

***Number of branches:*** _____ ***Please add $500 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 North American Young Lumber Employees (NYLE), and the NRLA's State and Local Association affiliate organization(s).**

_____ **Date** _____

**Signature of designated officer of applying co.**

*Company Name:*

# *RETAIL MEMBERSHIP AGREEMENT*

**GENERAL INFORMATION ON THE HISTORY OF YOUR COMPANY**

| **Date Founded:** | **Number of Full Time Employees:** |
|---|---|

**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:** |
|---|---|

**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

- ☐ Networking with your peers at local events
- ☐ Regulatory and compliance issues
- ☐ NYLE (North American Young Lumber Employees)
- ☐ Insurance Benefits
- ☐ Discounts on group purchasing (Business forms, etc.)
- ☐ Education
- ☐ Legislative involvement
- ☐ Human resources
- ☐ Convention (LBM Expo)

**Approved by** _____ **DATE**

**(State and Local Association President)**

**Regional Director Signature** _____ **DATE**

**(Signature validating information prior to processing)**