



**HLPA**

Hawaii Lumber Products Association

# MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Company Position \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Firm name \_\_\_\_\_ Years in Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Ph: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax# \_\_\_\_\_ Nature of Business \_\_\_\_\_

E-mail Address \_\_\_\_\_ Company Website URL \_\_\_\_\_

What is your company's product or service? \_\_\_\_\_

Please check if you do not want to receive information from HLP A via the Internet.

Are you interested in serving on an HLP A committee?

Education

Communications

Membership

Programs

Speakers Bureau

Board of Directors

**Personal data:**

Nickname \_\_\_\_\_

(as you would like it to appear on your name badge)

What other related industry organizations are you a member of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the following from the chart found on the *ANNUAL MEMBERSHIP DUES* sheet.

**DUES GROUPS** (check one)

Lumber & Framing Related Building Material or Services

Lumber & Plywood Shippers

Lumber & Plywood Producers

Builder, Architect, Developer and Construction Trades

Lumber & Plywood Inspection and Treatment Services

**DUES \$** \_\_\_\_\_

(Please fill in appropriate dues.)

*The information furnished on this application is true to the best of my knowledge. By signing this form, I agree to adhere to the bylaws of HLP A.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Recommended for Membership by Current HLP A Member \_\_\_\_\_

*All information supplied in this application is for the exclusive use of HLP A and will be held in strictest confidence.  
Mail your payment to: P.O. Box 30866, Honolulu, HI 96820 and email your photo & logo to [hawaiilumber@hawaii.rr.com](mailto:hawaiilumber@hawaii.rr.com)  
For more information call 541-WOOD (9663) or visit [www.HawaiiLumber.com](http://www.HawaiiLumber.com)*