



## MLA Contributor Application

**CONTRIBUTORS** ..... \$25 (Individual) . . . \$60 (Firm) . . . \$125 (Corporate)  
*Individuals or firms who do not otherwise qualify for associate status, but who wish to express support for the MLA, are encouraged to make a “non-tax-deductible” contribution in the amount specified.*

**I hereby apply for non-voting associate status in the Montana Logging Association.**

Company Name \_\_\_\_\_ Office # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mobile # \_\_\_\_\_

Physical Address \_\_\_\_\_ Fax # \_\_\_\_\_

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

Membership Category \_\_\_\_\_ Dues \$ \_\_\_\_\_ Check # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_