

## **GREAT LAKES KILN DRYING ASSOCIATION**

office@glkda.org • 337 Superior Avenue • Crystal Falls, MI 49920

# **2021 Dues Renewal/Membership Application/Information Form** Please complete and return with dues payment (see reverse side for payment info)

Contact Person:		
Company/Organization:		
Address:		
City:	State:	Zip:
Phone:	FAX:	
Email:		
Organization Memberships and 9 p	eople for Supporting Membership	ives (maximum of 2 people for Company/os). If this application is for Supporting ses different from the one given above, pleas
Name: En	nail: Name:	<u>Email:</u>
To provide information in our Men category, please check categories w		suppliers, and to be listed in the proper
Boiler Systems and Services Coatings/Preservatives Custom Lumber Drying Custom Planing Dimension Parts Drying Consultant Education/Extension	Flooring Manufacturer Furniture Manufacturer Industry Trade Group Kiln Control Systems Kiln Manufacturer Kiln Parts and Accessorie Kiln Repair Services	Lumber Exporting Millwork Manufacturer Research Retail Lumber Sales Sawmill Wood Moisture Meters Other (please describe)
Type of Kiln Facilities: Con	ventional Dehumidification	n Vacuum Other:
Kiln Volume: MRF Mai		

**Complete reverse side with payment information.** 

### 2021 Membership Dues Payment

#### **EARLY BIRD DISCOUNT**

#### Dues are as follows if paid before December 31, 2020:

- \$30/calendar year for the basic Company/Organization Membership, or
- \$95/year for Supporting Membership, or
- \$15/year for Individual Membership (i.e. an individual person not joining as a business/organization)

#### Dues are as follows if paid after December 31, 2020:

- \$35/calendar year for the basic Company/Organization Membership, or
- \$100/year for Supporting Membership, or
- \$20/year for Individual Membership (i.e. an individual person not joining as a business/organization)

Type of membership: (please check appro	opriate type)	
Company/Organization	Supporting	Individual
Method of payment. Check one:		
Paying with a check. Mak	e check out to GLKDA and n	nail with this form to:
	GLKDA 337 Superior Avenue Crystal Falls, MI 49920	)
Paying with credit card. C	omplete the following:	
Amount charged:		
Name on Card:		
Card Number:		
Expiration Date:	Securi	ty Code:
Billing Address Zip Code	:	
Email (for sending receipt	t):	