



# **GREAT LAKES KILN DRYING ASSOCIATION**

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

## **2024 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: \_\_\_\_\_

In the space below, list the names of additional company representatives (maximum of 2 people for Company/Organization Memberships and 9 people for Supporting Memberships). If this application is for Supporting Membership and you are listing representatives with mailing addresses different from the one given above, please include the address.

<u>Name:</u>	<u>Email:</u>	<u>Name:</u>	<u>Email:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To provide information in our Members Directory for customers and suppliers, and to be listed in the proper category, please check categories which apply to your business:

- |                                                      |                                                     |                                                       |
|------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Boiler Systems and Services | <input type="checkbox"/> Flooring Manufacturer      | <input type="checkbox"/> Lumber Exporting             |
| <input type="checkbox"/> Coatings/Preservatives      | <input type="checkbox"/> Furniture Manufacturer     | <input type="checkbox"/> Millwork Manufacturer        |
| <input type="checkbox"/> Custom Lumber Drying        | <input type="checkbox"/> Industry Trade Group       | <input type="checkbox"/> Research                     |
| <input type="checkbox"/> Custom Planing              | <input type="checkbox"/> Kiln Control Systems       | <input type="checkbox"/> Retail Lumber Sales          |
| <input type="checkbox"/> Dimension Parts             | <input type="checkbox"/> Kiln Manufacturer          | <input type="checkbox"/> Sawmill                      |
| <input type="checkbox"/> Drying Consultant           | <input type="checkbox"/> Kiln Parts and Accessories | <input type="checkbox"/> Wood Moisture Meters         |
| <input type="checkbox"/> Education/Extension         | <input type="checkbox"/> Kiln Repair Services       | <input type="checkbox"/> Other (please describe)_____ |

**Type of Kiln Facilities:** \_\_\_ Conventional \_\_\_ Dehumidification \_\_\_ Vacuum \_\_\_ Other: \_\_\_\_\_

**Kiln Volume:** \_\_\_\_\_ MBF **Major Species** (up to five): \_\_\_\_\_

**Complete reverse side with payment information.**

## 2024 Membership Dues Payment

**Dues are as follows:**

- \$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 appropriate type)

\_\_\_\_\_ Company/Organization      \_\_\_\_\_ Supporting      \_\_\_\_\_ Individual

**Extra Contributions** (optional):

\_\_\_\_\_ Real American Hardwood Coalition      \$ \_\_\_\_\_

\_\_\_\_\_ Education/Training      \$ \_\_\_\_\_

**Method of payment.** Check one:

\_\_\_\_\_ Paying with a check. Make check out to GLKDA and mail with this form to:

GLKDA  
337 Superior Avenue  
Crystal Falls, MI 49920

\_\_\_\_\_ Paying with credit card. Complete the following:

Amount charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

Email (for sending receipt): \_\_\_\_\_