



GREAT LAKES KILN DRYING ASSOCIATION

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

2026 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.

2026 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

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): _____