



MEMBERSHIP APPLICATION

COMPANY NAME: _____

PRIMARY CONTACT: _____

MAILING ADDRESS: _____

TELEPHONE: _____

FAX NO.: _____

PRIMARY EMAIL: _____

WEBSITE: _____

- PRIMARY PRODUCT / SERVICE: (CIRCLE Lumber product or Service)

IF **LUMBER PRODUCT** SELECTED:

PLYWOOD / PANEL PRODUCTS / VENEERS / SOFTWOOD LUMBER PRODUCTS / SOFTWOOD
LUMBER / SOFTWOOD LOGS / PLEASE CONTACT FOR ADDITIONAL PRODUCTS OFFERED

IF **SERVICE** SELECTED:

ACCOUNTING / FREIGHT FORWARDING / INFORMATION TECHNOLOGY / MARINE
INSURANCE / OCEAN CARGO CARRIER / OTHER (DESCRIBE): _____

ADDITIONAL DETAILS AS NEEDED:

PLEASE SCAN COMPLETED FORM TO MPARR@MFP4WOOD.COM OR FAX TO (503) 270.5401