

CONNECTICUT PROFESSIONAL
TIMBER PRODUCERS ASSOCIATION, INC.
PO Box 696
Mansfield Center, CT 06250

APPLICATION FOR MEMBERSHIP

Please fill out application and return with dues. Please remember to sign application acknowledging that you have received, read, and agree to Code of Ethics. Be aware, processing of applications and dues may take up to 60 days.

Name: _____

Address: _____

Company: _____ Owner: _____

Company Address: _____ Subcontractor _____

_____ Employee _____

Email: _____

Where do you prefer CTPTPA Mail to be sent? Home Work Email

Home Phone _____ Cell Phone _____

Work Phone _____ Fax Number _____

May CTPTPA add your email address to a Listserve for the exclusive purpose of notifying you of industry news and CTPTPA mailings? _____

CATEGORY:

Sawmill: Specialty _____

Annual Production _____ Years in Business _____ # of Employees _____

Timber Harvester: Sub-Contract Log Purchase Own Timber Both _____

Years in Business: _____ # of Employees _____ Annual Production _____

Equipment Type: _____

Certification Level _____ # _____ States Certified in: _____

Trucker: # of Trucks: _____ Years in Business: _____ # of Employees _____

Firewood Producer: Equipment: _____ Years in Business: _____

Annual Production: _____ # of Employees _____

Certification Level _____ # _____ States Certified in _____
____ Forester: (Employed by): _____
Certification # _____ States Certified in _____
____ Dealer: (Explain): _____
____ Supporting Member: (Explain): _____

I am very interested in supporting my profession. I would like to work with CTPTPA on the following:

<input type="checkbox"/> Hold position as : <input type="checkbox"/> Officer <input type="checkbox"/> Director	<input type="checkbox"/> Membership
<input type="checkbox"/> Compile Newsletter	<input type="checkbox"/> Member Benefits
<input type="checkbox"/> Contribute articles to newsletter	<input type="checkbox"/> Legislative
<input type="checkbox"/> Advertising	<input type="checkbox"/> Programs and Workshops
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Education
_____	<input type="checkbox"/> Wood Marketing
<input type="checkbox"/> Website Design	<input type="checkbox"/> Safety

DUES \$150.00 Annually, Renewable 12 months from date of acceptance of Membership Application. Please include dues payment with signed application and survey.

The information provided, is to the best of my knowledge, accurate and complete. I have received a copy of the Connecticut Professional Timber Producers Association, Inc. Code of Ethics, have read them, and agree to abide by them.

Signed: _____ Date: _____

Please return signed membership application, survey and check payable to: CT Professional Timber Producers Assoc., Inc. to CTPTPA, Inc., PO Box 696, Mansfield Center, CT 06250

If you have any questions you may contact : Joan Nichols, President
nicholsforestry@charter.net or

Lisa Manville, Secretary lisamanville@charter.net

Revised Aug. 22, 2007
Lisa Manville, Secretary

