

# Application for Associate Membership Individuals

**Intertribal Timber Council**

PO Box 11790  
Portland, OR 97211

**Date:** \_\_\_\_\_

I hereby make application for associate membership in the **Intertribal Timber Council**. I support the purposes of your organization and would like to show my support through membership. I understand that I will receive the quarterly newsletter and notice of workshops and seminars but will not be a voting member of the organization.

**Signature:** \_\_\_\_\_

**Associate Member:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization name (if applicable):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Street address (if different):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Please print this form and mail it with a check for \$25 payable to:**

**Intertribal Timber Council**

PO Box 11790  
Portland, OR 97211

Phone: 503-282-4296  
E-mail: [laura@itcnet.org](mailto:laura@itcnet.org)  
Web site: [www.itcnet.org](http://www.itcnet.org)