Application for Associate Membership
Organizations or Individuals

Intertribal Timber Council
1112 N.E. 21st Avenue
Portland, OR 97232-2114

Date__________________________

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

Signature ____________________________________ Title____________________________________

Associate Member (Please type or print.):

Name: ____________________________________________________________________________

Title: ____________________________________________________________________________

Department/Branch/Office__________________________________________________________

Telephone: __________________________ Fax: _________________________________________

E-mail: ______________________________ Web site: ____________________________________

Official mailing Address (Please type or print.):

Organization name: __________________________

Mailing address: ________________________________________________________________

Street address (if different): ______________________________________________________

City, state, zip code: ____________________________________________________________

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

Intertribal Timber Council
1112 N.E. 21st Avenue
Portland, OR 97232-2114

Phone: 503/282-4296
Fax: 503/282-1274
E-mail: itc1@teleport.com
Web site: www.itcnet.org