

Application for Associate Membership Organizations or Individuals

Intertribal Timber Council

PO Box 11790
Portland, OR 97211

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
PO Box 11790
Portland, OR 97211

Phone: 503-282-4296
E-mail: laura@itcnet.org
Web site: www.itcnet.org