

SC TIMBER PRODUCERS ASSOCIATION

Dedicated Service To SC's Professional Timber Harvesters Since 1999

P.O. Box 811 • Lexington SC • 29071
1-800-371-2240 • 803-957-9919 • Fax 803-957-8990 • bcjpaw@windstream.net



New Active Member

PLEASE COMPLETE & RETURN WITH DUES PAYMENT

MEMBER NAME: _____
(Business Is Member Unless Individual)

CONTACT PERSON NAME: _____
(Business Contact Name)

MAILING ADDRESS: _____

CITY STATE ZIP

CONTACT #'S: OFFICE: _____ HOME: _____

MOBILE: _____ FAX: _____

E-MAIL: _____

CHECK PRIMARY OPERATION: _____ LOGGING _____ CHIPPING _____ THINNING
(CHECK PRIMARY BUSINESS/ OPERATIONS)

____ TRUCKING - FROM HARVESTING SITES _____ TRUCKING - FROM MILLS TO OTHER SITES

____ WOOD DEALER _____ MANUFACTURING (DESCRIBE) _____

____ OTHER BUSINESS (DESCRIBE) _____
(BUSINESS OR INDIVIDUAL)

NEW MEMBER DUES

Loggers @ \$ 250

Wood Dealers @ \$ 275

Trucking From Harvesting Sites @ \$ 125 First Truck Plus \$ 25 Each Additional Truck (\$ 225 Max)

General Forest Products Trucking = Mill to Mill or Finished Products @ \$ 200 (Flat Dues)

Forest Products Manufacturers = Single Location Sawmills, Pole Mills, Chip Mills,

Treating Mills, Woody Biomass Receiving Plants, etc. @ \$ 225

Allied Suppliers = Products & Services Providers – Equipment, Tires, Insurance, etc. @ \$ 275

Allied Supporting = National Forest Products Co., Consulting Forestry Firm, TIMO, REIT,
Mills at Multiple Locations, etc. @ \$ 300

Individual Supporting = Foresters, Landowners, & Friends @ \$ 100

Annual Membership Anniversary Is Date of Initial Dues Receipt. Renewal Dues for Loggers & Dealers Based On Average Weekly Production. Trucking Renewal From Harvesting Sites to Mills Based On Truck Numbers. Others Flat Annual Renewal Dues.

Dues Payable To: SCTPA

Thanks For Your Support!

Crad Jaynes, President & CEO

SCTPA is a Non-Profit 501(c)(6) association. SC FEIN: 57-0883563

*90% OF ANNUAL DUES IS A TAX DEDUCTIBLE BUSINESS EXPENSE.
10% OF DUES IS DESIGNATED FOR LOBBYING ACTIVITIES & NOT TAX DEDUCTIBLE.*

New Member Dues Credit Card Payment

Credit Cards Accepted: VISA Discover Mastercard
(Circle Card Used)

Name On Card: _____

Card Number: _____

Card Expiration Date: _____

Card Verification Number: _____ (Three or Four Digit Number on Back of Card)

Card Billing Address Zip Code: _____

I Agree To Pay According To Credit Card Terms & Conditions:

Signature Required: _____

A \$ 5 Credit Card Convenience Fee Applies.
Please Add the \$ 5 Convenience Fee to Your Dues Payment.