

The Great Lakes Log Crafters Association

$\frac{GREAT\ LAKES\ LOG\ CRAFTERS\ ASSOCIATION\ (GLLCA)}{MEMBERSHIP/RENEWAL\ APPLICATION}$

OUR GLLCA MISSION STATEMENT IS "PROMOTING EXCELLENCE IN THE HANDCRAFTED TRADITION."

Name:	
Company Name:	
Address:	
City/State/Zip:	
Phone Number: ()	Fax Number: ()
E-mail:	Website:
Dues must be received by December 31st	
B. to provide educational services related	I materials and programs related to the craft of log building association's needs andards for log building craftsmanship lusively non-profit basis. [512] 590-7133 [Fail Address is info@gllca.org]
	

PROFESSIONAL DUES ARE \$100 OR ASSOCIATE DUES ARE \$35 SEE BELOW FOR DESCRIPTION OF EACH:

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GLLCA Professional	Membership: \$100	.00		
www.gllca.org. Also a twice a year, membersh	ership entitles you to have s a professional member you hip certificate and a membersh low you to keep up-to-date in t	will receive our Meetin ip list. You also have to	ng Announcement Flyer, New he privilege of voting at our	wsletter
	\$100 provides <u>one</u> category listing the state on the website will be at			ory that
	ES: (Please choose as many c is included with the \$100 pro 0.)	•		ebsite.
Architect	Consultant	Contractor	Education	
Engineer	Finish Applicator	Furniture Maker	General Contractor	
Inspector – New	Inspector – Used	Log Accents	Log Builder	
Log Home Tool &	Painter/Stainer	Restoration	Software/Computers	
Material Supplier	1 differ Staffer	Restoration	Software, compaters	
Sponsor	Stairways/Railings/Decks	Timber Framer	Other	
An associate membership fee of \$35.00 entitles you to receive our Meeting Announcement Flyer, Newsletter twice a year, membership certificate and a membership list. You also have the privilege of voting at our annual meetings. By joining the GLLCA, each member will be agreeing to allow the association to harvest photos from the member's website to be used by the Great Lakes Log Crafters Association.				
Member's Approval Signature				
The GLLCA has the capal CREDIT CARD CAPABI	oility of accepting payment of due LITY:	es by check or credit card.		
CHECK WHICH CA	ARD IS BEING USED FOR PAY MASTER CARD VISA	MENT (Check One)		
AMOUNT:				
CREDIT CARD NUMBE	R:			+
EXPIRATION DATE:				
PRINT CARDHOLDER	NAME:			
SIGNATURE			-	1

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT