

Timber Professionals Cooperative

New Membership Application

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____ County _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email _____

Paying by credit card: Visa Mastercard American Express

Name as it appears on card: _____

Company name on card: _____

Credit card number: _____

CVC code: _____ Exp. Date: _____

Date: _____

I, _____ authorize
Timber Professionals Cooperative to charge my credit card the amount of \$250.00 for
the one-time membership equity payment and initial membership dues.

Paying by check: Check # _____

**Please return application one-time membership
equity payment and initial dues of \$250.00 to:
Timber Professionals Cooperative (TPC)
337 Superior Avenue, Crystal Falls, MI 49920
(906) 875-3720**

**Fax application to: (906) 875-3724 or email
timberprofessionalscooperative@gmail.com**