

Maritime Lumber Bureau Bureau du bois de scaige des Maritimes

Membership Application

Fed. Incorporated 1978

COMPANY CONTACT INFORMATION

Company: _____

Address: _____

City/Town: _____

Prov./State: _____

Postal/Zip: _____

Contact: _____

Title: _____

Telephone: _____

Fax: _____

Email: _____

MEMBERSHIP TYPE

- Producer
 Associate
 Remanufacturer
 Broker
 Remaner Outside Maritimes
Rec. Remaining Volume Certs.
 Wood Packaging

IF YOU ARE APPLYING AS A PRODUCING OR REMANUFACTURER MEMBER, PLEASE INDICATE THE FOLLOWING:

- SPF Hardwood Wholesaler
 White Pine Hemlock Kiln Dryer
 Studs Exporter Heat Treatment
 Dressing Mill Retailer Fingerjoining
 Cedar Shingles Broker Planer Mill
 Wood Packaging

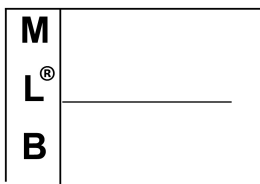
Volume Handled Last Year: _____

Grade Stamps Required? Yes No

IPPC Stamps Required? Yes No

Type of Mill? Stationary Portable Not Applicable

MLB OFFICE USE ONLY



Facility Grade Stamp Number

COMPANY PROFILE INFORMATION

Please note that all information entered here will be posted to the MLB website. If none of the fields below are completed, a limited profile will be posted for your organization (Address only).

Contact/Department: _____

Title/Contact _____

Telephone: _____

Fax: _____

Email: _____

www : _____

Maritime Lumber Bureau

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Fax: 902.667.0401
Email: info@mlb.ca

Signature: _____