

**MISSISSIPPI LOGGERS ASSOCIATION**  
**Membership Application Form**

**You can join on our website: [www.msloggers.org](http://www.msloggers.org)**

**Return Application and First Year's Dues to:**  
**Mississippi Loggers Association**  
**P.O. Box 659**  
**Quitman, MS 39355**

**NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **OFFICE PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **NUMBER OF TRUCKS:** \_\_\_\_\_

**TYPE OF FELLING MACHINE:** \_\_\_\_\_

**TYPE OF SAFETY EQUIPMENT:** \_\_\_\_\_

**ARE YOU INTERESTED IN BEING CONTACTED BY OUR INSURANCE OFFICE? YES / NO**

**You will be notified as to whether you are accepted for membership. Once accepted for membership, dues paid with this application are non-refundable. Dues will be refunded only if you are not accepted for membership in the association.**

*Please note: Although it is necessary to become a member of the MLA before participating in the insurance programs sponsored by the MLA, approval of membership in the MLA does not constitute assurance that the member will qualify for insurance. Applications for insurance should be made directly with the insurance office at (601) 776-6400.*

**Your signature acknowledges that you understand and accept the terms of membership.**

**Signature of Owner or Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

<b>Active Member (Logger)</b>	<b>\$300.00</b>
<b>Associate Member</b>	<b>\$200.00</b>
<b>Forest Landowner</b>	<b>\$50.00</b>
<b>Out of State Logger</b>	<b>\$300.00</b> (without voting privileges)
<b>Faculty &amp; Student</b>	<b>\$25.00</b>
<b>Employees</b>	<b>\$20.00</b>