

# MEMBER REGISTRATION FORM

61st ANNUAL SIERRA-CASCADE LOGGING CONFERENCE, INC.  
February 11, 12, 13, 2010 Shasta District Fairground, Anderson, CA



Family, Friends and fun!

## MEMBER INFORMATION

Please indicate your choice of membership below:

**SUSTAINING MEMBERSHIP \$200.00**

This membership grade is for those desiring to make a supporting commitment to the Conference. The business cards of sustaining members are included in the Report and Directory.

**FIRM MEMBERSHIP \$75.00**

This membership grade is for a business. The names of firm members are listed in the Report and Directory.

**INDIVIDUAL MEMBERSHIP \$50.00**

This membership grade is for individuals. An individual is listed in the members section of the Report and Directory.

FIRM (COMPANY) NAME: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ SPOUSE/GUEST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### ADDITIONAL INDIVIDUAL MEMBERSHIP \$40.00 per person

*(Must have firm membership or sustaining membership to use this category.)*

MEMBER NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PLEASE REMIT THE FOLLOWING

QTY.	ITEM	TOTAL
_____	<b>Sustaining membership</b> @\$200.00=	_____
_____	<b>Individual membership</b> @\$50.00 =	_____
_____	<b>Firm membership</b> @\$75.00 =	_____
_____	<b>Additional individual members</b> @\$40.00 =	_____
_____	<b>Raffle Tickets</b> @\$10.00 =	_____
_____	<b>Total Remittance</b> =\$	_____

Yes! I am interested in being a sponsor and/or advertising in the SCLC Ad Book!

Yes I would like to sponsor an event

Yes I would like to donate an auction gift

### TOTAL REMITTANCE

Charge: Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

*If paying by check please return this form with your check made payable to: Sierra-Cascade Logging Conference, Inc. P. O. Box 993220 Redding, CA 96099-3220*

*You will be notified when your registration is complete. Registration packets may be picked up during the Conference at Registration.*

For additional information contact our office at  
530-365-1173 Office 530-365-2634 Fax  
sierra-cascade@sbcglobal.net  
**www.SierraCascadeExpo.com**

\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

Date Received Paid CHK CREDIT TRADE COMP

Check # \_\_\_\_\_

Received By \_\_\_\_\_

Money Due \_\_\_\_\_

Notes \_\_\_\_\_