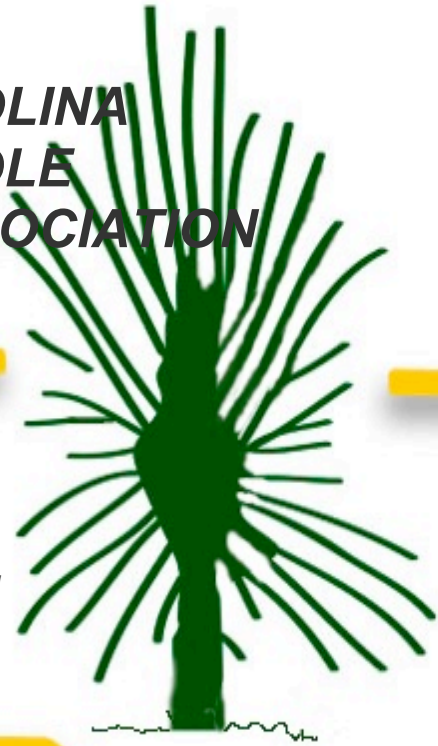


NORTH CAROLINA PINE NEEDLE PRODUCERS ASSOCIATION



MEMBERSHIP APPLICATION

COMPANY NAME _____

COMPANY REPRESENTATIVE NAME _____

TITLE _____

ADDRESS _____ PHONE _____

CELL PHONE _____ EMAIL _____

CITY _____ STATE _____ ZIP CODE _____

TYPE OF MEMBERSHIP (place an X in the box)

VOTING MEMBERSHIP (\$300.00 PER YEAR)

Active voting membership in the association shall be open to all individuals and/or businesses legitimately processing pine needles for market, as well as, any private landowner, who desire to pay active membership dues.

ASSOCIATE MEMBERSHIP (\$100.00 PER YEAR)

Associate membership shall be open to all other interested parties.

DUES ARE DUE ON 1 AUGUST, EACH YEAR, AND ARE PRORATED ON A SEMIANNUAL BASIS WHEN MEMBERSHIP IS ACCEPTED.

APPLICANT SIGNATURE _____ DATE _____

NORTH CAROLINA PINE NEEDLE PRODUCERS ASSOCIATION POST OFFICE BOX 2326,
SOUTHERN PINES, N. C. 28388