



National Association of State Trust Lands

MEMBERSHIP APPLICATION FORM

APPLICANT/COMPANY INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Fax:	Phone:	Website:

CONTACT PERSON(S)

Primary Contact Name:		
Title:		
Phone:	E-mail:	Fax:
Second Contact Name:		
Title:		
Phone:	E-mail:	Fax:

WHY BE A NASTL MEMBER

In the space below, please describe your company's goals and objectives for establishing a mutually beneficial Affiliate or Associate member relationship with the NASTL.

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E-mail the completed form to Executive Director, Lisa Schneider at lyschneider.slc@gmail.com,
Contact Association Treasurer, Denise Nechvatal at 608-513-3211 for electronic fund transfer instructions.

Date Submitted:	