



## 2026 NEW MEMBER APPLICATION

### Your Access to Membership Benefits begins here...

<ul style="list-style-type: none"><li>✓ Financial Benefits</li><li>✓ Marketing Opportunities</li><li>✓ Educational Opportunities</li><li>✓ Networking Opportunities</li></ul>	<ul style="list-style-type: none"><li>✓ Industry Voice/Lobbying</li><li>✓ Industry Development</li><li>✓ Professional Affiliations</li><li>✓ Customer Referrals</li></ul>
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**Landscape NL Horticultural Association**

E: [lnl@landscapenl.com](mailto:lnl@landscapenl.com)

Website: [www.landscapenl.ca](http://www.landscapenl.ca)

**OFFICE USE ONLY**

Date Received:



**Please complete all sections of this New Member Application prior to submitting**

**Owner's Name:**

**Legal Company Name:**

**Operating Company Name:**

<b>Address:</b>	<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	<b>Tel:</b>	<b>Fax:</b>
<b>Years in Business:</b>	<b>Cell:</b>	<b>Website:</b>
<b>Primary Contact:</b>	<b>Primary Email:</b>	
<b>Secondary Contact:</b>	<b>Secondary Email:</b>	

**How did you hear about Landscape NL Horticultural Association?**

**A Member**       **Tradeshow**       **Magazine (name) :**

**Website**       **School**       **Other:**

**Select all business categories that are applicable to your company:**

<input type="checkbox"/> Arborist	<input type="checkbox"/> Irrigation Contractor	<input type="checkbox"/> Nursery Grower / Supplier
<input type="checkbox"/> Florist	<input type="checkbox"/> Landscape Contractor	<input type="checkbox"/> Retail Garden Centre
<input type="checkbox"/> Greenhouse Grower	Commercial	<input type="checkbox"/> Snow Removal Commercial
<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Landscape Contractor	<input type="checkbox"/> Snow Removal Residential
Commercial	Residential	<input type="checkbox"/> Sod Grower
<input type="checkbox"/> Grounds Maintenance	<input type="checkbox"/> Landscape Designer	<input type="checkbox"/> Tree Mover
Residential	<input type="checkbox"/> Landscape Masonry	<input type="checkbox"/> Special
<input type="checkbox"/> Horticultural Services/Supplies	<input type="checkbox"/> Lawn Care Commercial	<input type="checkbox"/> Student
<input type="checkbox"/> Hyrdoseeding Contractor	<input type="checkbox"/> Lawn Care Residential	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Interior Plantscaping		

**Required:**

- HST Registration Number or Registry of Joint Stock Number: \_\_\_\_\_
- Liability Insurance - Copy of Certificate of Insurance is attached.
- WCB Clearance Letter attached (if applicable) **Please call 709-778-1198 or email clearance@workplacenl.ca to obtain this document.**

Have you operated in the horticultural industry under another name?  Yes  No

If yes, please state name and date of operation: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you affiliated with any other company?  Yes  No

If yes, Name: \_\_\_\_\_

Are you currently a member of other associations?  Yes  No

If yes, please list the associations below:

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**Trade References - \*Required Information\***

**As a New Member applicant, you are required to obtain the names of two references, who are current ACTIVE MEMBERS of Landscape NL Horticultural Association, and have been for at least one year. Please obtain permission from your reference prior to using their names in your application, as they will be contacted by the Review Committee.**

**Active Member Reference 1:**

Company Name:

Contact Name:

Phone:

Website:

Email:

Description of Relationship

Years known:

**Active Member Reference 2:**

Company Name:

Contact Name:

Phone:

Website:

Email:

Description of Relationship:

Years known:

## Company Information

The following information is gathered to establish data to support us in lobbying government when it comes to issues and opportunities that may impact the landscape horticultural industry. This information supports LNL in documenting growth in our association and industry. Accurate information strengthens LNL's voice. All information collected remains confidential and will be used for LNL data purposes only.

## **Employee Information:**

Age range of workforce: \_\_\_\_\_ to \_\_\_\_\_

### Average Annual Salary:

### **Annual Membership Dues:**

**Please Note: Applications received between July 1 - December 31 will be prorated.**

**Full fees for the next fiscal year will also be applied, which includes a 2% increase.**

Membership Type	Description	Fee	HST	Total
☐ Active	Active members are companies providing both soft and hard landscaping services: (contractors, designers, grounds maintenance, irrigation, lawn care, growers, garden centre, arborist, interior plantscape, hydroseeding, winter services).	\$484.40	\$72.66	\$557.06
☐ Associate	Trade Suppliers are companies/suppliers providing a product or service to the horticulture industry.	\$484.40	\$72.66	\$557.06
☐ Affiliate	Educational, Horticultural Society, Partners, Government, Recent Graduate	\$188.73	\$28.31	\$217.04
☒ Out of Province	CNLA Members Only - Member of home province, No office in NL	\$240.06	\$36.01	\$276.07
☒ Individual	An individual involved in Ornamental Horticulture and not eligible for Active, Associate or Affiliate membership.	\$75.84	\$11.37	\$87.21

**NOTE: ONLY Active and Associate membership dues include an annual membership fee paid to the Canadian Nursery Landscape Association (CNLA) and are eligible for LNLHA's full benefit package.** Landscape NL Horticultural Association is a member of the Canadian Nursery Landscape Association (CNLA) and has full representation on their board of directors.

Would you like to be a volunteer with Landscape NL Horticultural Association?

## LNLHA Industry Committee

## Help Organize LNLHA Events

## LNLHA Board Member

## Sponsorship Committee

## Trade Shows

## CNLA Industry Committee



## Payment:

Our fiscal year is January 1 to December 31. Applications received between July 1 to December 31 will be prorated. Full fees for the next fiscal year will also be applied, which includes a 2% increase. Renewals invoices are sent out in December from [lnl@landscapenl.com](mailto:lnl@landscapenl.com) **Please submit payment (cheque, VISA, MasterCard) to Landscape NL Horticultural Association.**

Membership Category Amount..... \$ \_\_\_\_\_  
Add 15% HST ..... \$ \_\_\_\_\_  
Total Enclosed..... \$ \_\_\_\_\_

**Note:** Application **will not** be processed without payment. HST Reg. #879654770 RT0001

Cheque       VISA       MasterCard

Card #: Expiry Date:

**Send payment and application to:**

Info@landscapenl.com

## Acceptance:

I/We do hereby apply for membership in Landscape NL Horticultural Association, a non-profit organization dedicated to the advancement of all matters pertaining to the development of the landscape industry and its relationship to the users of the products and services.

I/We do also agree that should I/We cease to be a Member of LNL for any reason whatsoever, that I/We will not use the LNLHA logo in any way shape or form, forthwith.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give consent to receive information via email.