



2025 NEW MEMBER APPLICATION

Your Access to Membership Benefits begins here...

- | | |
|-----------------------------|-----------------------------|
| ✓ Financial Benefits | ✓ Industry Voice/Lobbying |
| ✓ Marketing Opportunities | ✓ Industry Development |
| ✓ Educational Opportunities | ✓ Professional Affiliations |
| ✓ Networking Opportunities | ✓ Customer Referrals |

Landscape NL Horticultural Association

E: lnl@landscapenl.com

Website: 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:

Address:

City:

Province:

Postal Code:

Tel:

Fax:

Years in Business:

Cell:

Website:

Primary Contact:

Primary Email:

Secondary Contact:

Secondary Email:

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:

Arborist

Irrigation Contractor

Nursery Grower / Supplier

Florist

Landscape Contractor

Retail Garden Centre

Greenhouse Grower

Commercial

Snow Removal Commercial

Grounds Maintenance

Landscape Contractor

Snow Removal Residential

Commercial

Residential

Sod Grower

Grounds Maintenance

Landscape Designer

Tree Mover

Residential

Landscape Masonry

Special

Horticultural Services/Supplies

Lawn Care Commercial

Student

Hydroseeding Contractor

Lawn Care Residential

Other: _____

Interior Landscaping

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:

TradeReferences - *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:



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 **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:

Name on Card:

Signature:

CVV:

Send payment and application to:
lnl@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 LNLHA 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.