



2024 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

P: 709-771-1374

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:

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

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:

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 Membership 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 LNLHA in documenting growth in our association and industry. Accurate information strengthens LNLHA's voice. All information collected remains confidential and will be used for LNLHA data purposes only.

Employee Information:

Number of Employees Full Time: _____ Part Time: _____

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
<input type="checkbox"/> 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.)	\$452.29	\$67.84	\$520.13
<input type="checkbox"/> Associate	Trade Suppliers are companies/suppliers providing a product or service to the horticulture industry.	\$452.29	\$67.84	\$520.13
<input type="checkbox"/> Affiliate	Educational, Horticultural Society, Partners, Government, Recent Graduate	\$176.22	\$26.43	\$202.65
<input type="checkbox"/> Out of Province	CNLA Members Only - Member of home province, No office in NL	\$226.23	\$33.93	\$260.16
<input type="checkbox"/> Individual	An individual involved in Ornamental Horticulture and not eligible for Active, Associate or Affiliate membership.	\$71.46	\$10.72	\$82.18

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 Inl@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: _____

**Send payment and Application to:
 Inl@landscapenl.com**

**For more information call
 709-771-1374**

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.