



# MEMBERSHIP APPLICATION

PLEASE PRINT

Date of Application

Date Received (LNL Office Use)

Company Name		
Contact Name(s)		
Address		
City	Province	Postal Code
Tel	Fax	Cell
Email	Web Address	

## Business Categories (Please Check all that apply)

<input type="checkbox"/> A: Arborist/Tree Care Specialist	<input type="checkbox"/> MU: Municipality
<input type="checkbox"/> G: Greenhouse Operator	<input type="checkbox"/> N: Nursery Grower
<input type="checkbox"/> H: Hydroseeding	<input type="checkbox"/> R: Retail Garden Centre
<input type="checkbox"/> I: Interior Plantscaping	<input type="checkbox"/> S: Sod Grower
<input type="checkbox"/> IR: Irrigation	<input type="checkbox"/> SC: Sprayer – Commercial
<input type="checkbox"/> LA: Landscape Architect	<input type="checkbox"/> SR: Sprayer – Residential
<input type="checkbox"/> LD: Landscape Designer	<input type="checkbox"/> T: Tree Mover
<input type="checkbox"/> LC: Landscaper – Commercial	<input type="checkbox"/> O: Other
<input type="checkbox"/> LR: Landscaper Residential	<input type="checkbox"/> W: Winter Services
<input type="checkbox"/> MC: Maintenance - Commercial	<input type="checkbox"/> IN: Individual
<input type="checkbox"/> MR: Maintenance – Residential	



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Brief Company History (What do you do?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many employees do you have? \_\_\_\_\_  
Legal Classification of Business? Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_ Length of time in Business? \_\_\_\_\_

**(Landscape Contractors only) please provide a Certificate of Clearance from Workplace Health Safety & Compensation Commission.**

Please list all educational qualifications and trade diplomas. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to join this Association? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other associations are you currently a member of? \_\_\_\_\_  
\_\_\_\_\_

What issues do you feel need to be addressed through this association? (if you require more room, please write on back). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Types of Membership (Please check one)

<b>Active</b> _____ (\$270)	<b>Associated</b> ____ (\$270)	<b>Affiliated</b> _____ (\$125)	<b>Individual</b> _____ (\$50)
Active members are professional landscape/horticultural industry businesses. Examples include landscape designers, landscape contractors, nursery growers, greenhouse and retail operators, turf growers, hydro-seeders and lawn care operators.	Associate members are suppliers to the landscape/horticultural industry. Examples include soil, chemical and fertilizer suppliers, hardware suppliers and suppliers of other services and products used by the industry.	Affiliate members are entities that share common issues, concerns and objectives with the industry. Examples include educational institutions, municipalities, horticultural organizations and interest groups.	
Full voting privileges. Eligible to hold Executive positions.	Full voting privileges. Not eligible for Executive positions.	No voting privileges. Not eligible for Executive positions.	No voting privileges. Not eligible for Executive positions.



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## **Membership Dues**

Membership fees are paid on an annual basis. Invoices for dues will be sent out in September. Invoices must be paid in full by October 31. **Please send a check or money order made payable to Landscape Newfoundland & Labrador.** A receipt will be issued. Landscape Newfoundland & Labrador is a full member of the Canadian Nursery Landscape Association (CNLA) and has full representation on their board of directors. Payment of full fees to LNL entitles you to all privileges associated with CNLA membership.

Membership approval for Landscape Contractors requires:

- 3 letters of reference from customers
- Photographs of your work
- Letter of good standing from Workman's Compensation
- Proof of paying Payroll Tax
- HST registration number

Please provide two trade references (must be members of Landscape Newfoundland & Labrador)

1.
2.

Membership sponsor: Name \_\_\_\_\_ Company \_\_\_\_\_

I/We do hereby apply for membership in Landscape Newfoundland & Labrador, 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 its products and services.

I/We do hereby agree, that if accepted as a Member, to abide by the By-laws, Code of Ethics and Code of Conduct of Landscape Newfoundland & Labrador.

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

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

If you have any questions regarding this application or Landscape Newfoundland & Labrador, please contact:

Cle Newhook, Executive Director  
PO Box 21328, St. John's, NL A1A 5G6  
Telephone: (709) 726-5651  
Web Site: [www.landscapenf.org](http://www.landscapenf.org)  
E-Mail: [axisconsulting@nl.rogers.com](mailto:axisconsulting@nl.rogers.com)

Or contact the LNL Office at (709) 726-2000