



2020 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: 709-700-2165

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
Commercial**

**Landscape Contractor
Residential**

Snow Removal Residential

**Grounds Maintenance
Residential**

Landscape Designer

Sod Grower

Horticultural Services/Supplies

Landscape Masonry

Tree Mover

Hydroseeding Contractor

Lawn Care Commercial

Special

Interior Landscaping

Lawn Care Residential

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).

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**, you are required to obtain the names of two references who are currently active members of Landscape Nova Scotia. **Please obtain permission from your references 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:

