

# Northwestern Indiana Nursery and Landscape Association, Inc.

P.O. Box 477 Crown Point, IN 46308-0477 Cindy White, Executive Secretary – Phone 330-268-9560

## APPLICATION FOR MEMBERSHIP – Active or Associate

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Nature of Business or Activity \_\_\_\_\_

Years in Business \_\_\_\_\_ (Must be 2 or more) Recommended by NWINLA Member \_\_\_\_\_

Annual Dues must accompany application: Print Name \_\_\_\_\_

Active Members @ \$85.

Associate Members @ \$75.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## REFERENCES

Your Bank \_\_\_\_\_ Located in \_\_\_\_\_

Trade Reference \_\_\_\_\_ Located in \_\_\_\_\_

Trade Reference \_\_\_\_\_ Located in \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_ Indiana Accredited Horticulturist \_\_\_\_\_ Certified Pesticide Operator: Licensed in categories \_\_\_\_\_

\_\_\_\_\_ Licensed Nursery Dealer \_\_\_\_\_ Certified Nursery \_\_\_\_\_ Master Gardener \_\_\_\_\_

Trade Organizations:

\_\_\_\_\_ INLA \_\_\_\_\_ ANLA \_\_\_\_\_ PLANET \_\_\_\_\_ ASLA \_\_\_\_\_ APLD \_\_\_\_\_ NAA

Principal People and Positions in your company: (print)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Your Specialties: \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Position with Company \_\_\_\_\_

Comments \_\_\_\_\_

NWINLA Office Use Only

Received on \_\_\_\_\_

Reviewed on \_\_\_\_\_

Approved on \_\_\_\_\_

Mo \_\_\_\_\_ Sec \_\_\_\_\_

Follow up \_\_\_\_\_