Company Information

Company ____________________________

Address ____________________________

City ____________________________ State _______ ZIP _______ Country ____________

Phone ____________________________ Fax ____________________________ Website www.____________

Business start date (MM/DD/YYYY) ____________ Number of branch locations (not including main location) ____________

Number of employees (company-wide) Peak _______ Off-Peak _______ Number of service vehicles _______ □ Lease □ Buy

Company Representative

Name ____________________________ Title ____________________________

Phone ____________________________ Mobile ____________________________ Email ____________________________

Billing Contact ____________________________ Billing Contact Email ____________________________

Role at Company: (select one)

□ Decision Maker – Owner, Partner, President, CEO

□ Influencer - VP, Director

□ Business/Account Mgr, Sales, Customer Service

□ Office Manager, Receptionist, Accounting, Admin

□ Human Resources, Hiring, Benefits

□ Safety Trainer, Professional Development

□ Foreman, Crew Leader, Supervisor

□ Technician, Operator, Crew, Laborer

□ Designer, Arborist, Horticulture, Other Specialist

□ Other ____________________________

What prompted your company to join? (select one)

□ Advocacy/H2B/Workforce

□ Certification/Accreditation

□ Education

□ Grow Business

□ Insurance Discount

□ More Knowledge/Data Trends

□ NALP Programs

□ Networking/Mentoring

□ Professionalism

□ Safety Resources

□ Supplier Discounts

□ Training Resources

How did you hear about NALP? (select one)

□ Email

□ Former Member

□ Industry magazine

□ NALP Event

□ Personal Reference

□ Social Media

□ State Association/Trade Show

□ Web Search

□ Workers’ Comp Insurance Program

If you were referred to NALP, please indicate their name and company below:

________________________________________

________________________________________

Products Purchased

□ Blowers

□ Fertilizers

□ Insecticides

□ Mowers

□ Compact Equipment

□ Water Features/Pond

□ Business Management Software

□ Chain Saws

□ Fungicides

□ Irrigation Products

□ Trees/Shrubs

□ Turf Seed

□ Annuals/Perennials

□ Design Software

□ Engines

□ Herbicides

□ String Trimmers

□ Hardscape Materials

□ Utility Vehicles

□ Biological/Organics

□ Other ____________________________

Services Provided

□ Commercial

□ Fertilization

□ Hardscape Installation

□ Landscape Installation

□ Mowing

□ Landscape Lighting Installation

□ Seeding

□ Water Features

□ Turf Aeration

□ Landscape Design

□ Golf Course

□ Holiday Decorating

□ Interior

□ Landscape Maintenance

□ Insect Control

□ Snow/Ice Removal

□ Weed Control

□ Tree Service/Removal

□ Erosion Control

□ Green Roof

□ Hydro Seeding

□ Irrigation Maintenance/Install

□ Organic Program

□ Residential

□ Tree/Ornamental Care

□ Disease Control

□ Other ____________________________
**Membership Application - June 2020**

**Membership Dues**
(Prorated Membership Term: June 1, 2020 - September 30, 2021)

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Prorated Dues*</th>
<th>EasyPay Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>International</td>
<td>$718.20</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

*Note: Membership is prorated based on the month that you join. After proration, annual membership term is October 1-September 30.

For more information regarding membership term and dues rates, please contact us directly.

---

**Payment Options**

- **EASYPAY – MONTHLY***
  - Automatically renew dues monthly

- **EASYPAY - ANNUAL***
  - Automatically renew dues annually

- **PAY IN FULL**
  - One-time payment

*Note: Credit/debit payment method required to participate in EasyPay

---

**Payment Method** (see proration schedule above)

- Payment Amount: $ ________________
- Check made payable to NALP
- Please charge my credit card

- Credit/Debit Card #: ____________________________ Exp Date (MM/YY) _______ CSC (3 or 4-digit code) _______

- Billing address (if different from previous page)

- Cardholder Name ____________________________ Signature ____________________________

- I have read and agree to the terms and conditions as explained at [www.landscapeprofessionals.org/EasyPay](http://www.landscapeprofessionals.org/EasyPay)

---

For your protection, NALP does not accept and will not process credit card information provided via email. Please fax the form to 703-322-2066 or call our office at 800-395-2522, and we will gladly assist you. NALP dues are not deductible as charitable contributions for U.S. Federal income tax purposes, but may be deductible as a business expense. NALP estimates that 8.67% of your dues are attributed to lobbying activities and are not deductible.

---

Thank you for joining the National Association of Landscape Professionals!

membership@landscapeprofessionals.org  |  800-395-2522  |  landscapeprofessionals.org