

# Peer Group Application



NATIONAL  
ASSOCIATION OF  
**LANDSCAPE  
PROFESSIONALS**

*Please complete this profile form so we can learn more about you and your business, and place you appropriately.*

## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Certification Designation \_\_\_\_\_

Company \_\_\_\_\_

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

Email \_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_

## Company Demographics

**Number of locations and market areas:** \_\_\_\_\_ **Years in business:** \_\_\_\_\_ **Number of employees:** \_\_\_\_\_

## Industry Segment

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Design/Build/Installation          | <input type="checkbox"/> Lawn Care                 | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Interior Plantscaping              | <input type="checkbox"/> Organic/Sustainable _____ |   |
| <input type="checkbox"/> Irrigation/Water Management        | <input type="checkbox"/> Snow & Ice _____          |   |
| <input type="checkbox"/> Landscape Management (maintenance) | <input type="checkbox"/> Tree Care _____           |   |

## Market Mix

- Commercial    Residential    Institutional    Municipal    Multi-family

## Professional Information

- Founder/Owner    C-level, Non-CEO, Executive, VP    CEO/President/GM    Director, Manager  
 Other (please specify) \_\_\_\_\_

**How long have you been with the company?** \_\_\_\_\_

## What did you do prior?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Background/Professional Training *(check all that apply)*

- Horticulture    Agronomy    Ag    Landscape Architecture    Construction    Business/Financial Management  
 Other (please specify) \_\_\_\_\_

**University/College** (name and location) \_\_\_\_\_

**Are you familiar with peer groups?**    Yes    No

**Have you been in a peer group before?**    Yes    No

*If so, which one?*

\_\_\_\_\_  
\_\_\_\_\_

## What did you like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## What did you not like?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were referred by someone, please list name:

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I am looking for business solutions (check all that apply):

- For me       Tailored for my executive staff  
 Other (please specify) \_\_\_\_\_

What do you hope to gain from the peer group experience?

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What do you think you can bring to a group?

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What are your short-term (3-5 years) objectives for you and your business?

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What are your long-term objectives for you and your business?

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Do you use industry specific software? If so, which one?

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I understand that being a member of a peer group requires sharing financials for the purpose of benchmarking.  Yes  No

I understand that being a member of a peer group requires mandatory meeting attendance and web conference attendance.  Yes  No

### Annual Fees

Fees are based on annual sales revenue.

Annual Revenue	Member	Nonmember
500K- \$2 million	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
\$2 million - \$5 million	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000
\$5 million +	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$9,000

[Click here to PRINT form](#)

**Payment Information** (Your card will not be charged until you are placed in a group)

Total payment amount \$ \_\_\_\_\_

- By check in US dollars, payable to NALP  
 By credit card    Visa    MC    Amex    Discover

Card # \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Exp date (mm) / (yy) \_\_\_\_\_ Signature \_\_\_\_\_

Card billing address (if different from company address) \_\_\_\_\_

**Please send completed form and payment to:**

Credit Cards: Fax to 703-736-9668  
Checks: Mail to The National Association of Landscape Professionals  
PO Box 822945  
Philadelphia, PA 19182-2945

**Questions?** Visit [bit.ly/peergroups](http://bit.ly/peergroups), call NALP at 800-395-2522, email [joan@landscapeprofessionals.org](mailto:joan@landscapeprofessionals.org)