

MEMBERSHIP APPLICATION

STUDENT CHAPTER, STUDENT, OR NEW GRADUATE



School or Individual Information

Student/Student Chapter School or Name _____

Address _____

City _____

State _____ ZIP _____ Country _____

Phone _____ Fax _____

Toll Free _____

How did you find out about the association

Direct mail Email Trade press Web browsing

Personal referral by:

Person's name _____

Company name _____

Annual Membership Dues

Student Chapter \$155

A student organization at a school with a two-year or four-year college-level program, with a curriculum in landscape contracting, horticulture, or related subjects. Each chapter membership includes FREE membership for students and additional faculty.

Student Member \$30

Full-time student currently enrolled in a two-year or four-year program and majoring in a related field of study.

New Graduate \$75

Current student members that are graduating this year or have graduated within the last 6 months.

Primary Contact

Name _____

Title _____

Phone _____

Fax _____

Email _____

Role at Company:

- | | | |
|--|--|---|
| <input type="checkbox"/> Ad Agency | <input type="checkbox"/> Marketing | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Advertising/Sponsorship | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Training |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Operations | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> President/Owner | |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> Press | |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Safety | |
| <input type="checkbox"/> Grounds Management | <input type="checkbox"/> Sales | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Sponsorship | |
| | <input type="checkbox"/> Student | |

Payment Information

Promo Code: _____ Discount Amount: \$ _____

Total Membership Amount: \$ _____

Foundation Donation: \$ _____

Total Payment Amount: \$ _____

Donate to the Foundation

\$50 Other amount \$ _____

By check in U.S. dollars, payable to National Association of Landscape Professionals

Credit card type: Visa MC Amex Discover

Card # _____

Expiration date (mm) _____ / (yy) _____

Cardholder name _____

Signature _____

Card billing address (if different from company address)

JOIN BY Phone: 800-395-2522
 Online: landscapeprofessionals.org
 Mail: completed form and payment to
 PO Box 822945, Philadelphia, PA 19182-2945
 Fax: 703-736-9668

National Association of Landscape Professionals dues are not deductible as charitable contributions for U.S. Federal income tax purposes, but may be deductible as a business expense. National Association of Landscape Professionals estimates that 13% of your dues are attributed to lobbying activities and are not deductible.

Our member companies create and maintain healthy, green living spaces that make our communities proud.

National Association of Landscape Professionals promotes professionalism in the industry by providing continuing education, legislative advocacy, and administering the professional certification known as Landscape Industry Certified.

membership@landscapeprofessionals.org | landscapeprofessionals.org