



## 2018 MEMBERSHIP RENEWAL APPLICATION

Applicant First and Last Name: \_\_\_\_\_

Business Name/SchoolName: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County (VT) \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_

E Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Additional Employee Contact Email Addresses for Green Works news/events: \_\_\_\_\_

**(please print clearly)**

**\*Please answer by circling your response:**

May we publish your email and website in the Membership Directory and Annual Report ?    Yes            No

May we publish your email and website on the VNLA website for public access?                      Yes            No

May we contact you by email regarding VNLA/horticulture related news and events?              Yes            No

**\*The VNLA does not rent or sell email addresses or personal details.**

**Which category best describes your company's primary business? (please number according to priority)**

Agency_____	Arborist_____	Educator_____
Florist_____	Garden Center_____	Greenhouse – Retail_____
Greenhouse - Wholesale_____	Hardscaping _____	Landscape Architect_____
Landscape Designer_____	Landscape Design/Build _____	Landscape Install/Maintenance_____
Nursery - Retail_____	Nursery - Wholesale_____	Propagator_____
Student_____	Supplier_____	Turf Care_____
Wholesaler/Broker_____	Other (please describe) _____	

**Type of membership:(Please check the appropriate Member type and/or annual fee structure)**

\_\_\_\_\_ **Active Member\*\***

Any individual or organization with a principal place of business in Vermont and engaged in growing, designing, selling, distributing, installing and/or maintaining plants and landscape related products and services. Vermont based organizations which are wholesale or retail distributors of hard goods such as irrigation equipment, garden structures, hardscaping or mulching materials may be active members while manufacturers may be Associate members. Only Active members, current in dues, are eligible to vote or hold office in the Association.

**\*\*Annual Fee Structure:** (Annual dues for membership renewals are based on a firm's annual gross sales.)

_____ Less than \$100,000 .....	<b>Annual Fee \$120.00</b>
_____ \$100,000 to \$499,999 .....	<b>Annual Fee \$195.00</b>
_____ \$500,000 to \$999,999 .....	<b>Annual Fee \$265.00</b>
_____ \$1,000,000 and over .....	<b>Annual Fee \$370.00</b>

**(Information about a firm's dues level is never disclosed to the public or other VNLA members.)**

\_\_\_\_\_ **Associate Member \$155.00 Annual Fee**

1. Any individual or organization engaged in the production or sales of allied horticultural supplies and equipment. Examples of allied products are machinery and equipment, products used in plant production, trade magazines, insurance firms, and manufacturers of hard goods for the landscape industry. **(or)** 2. Any individual or organization with a principal place of business outside the State of Vermont and engaged in growing, designing, selling, distributing, installing and/or maintaining plants and landscape related products and services. **(or)** 3. Faculty and staff of educational, research, or government institutions with activities related to the horticultural industry. **(or)** 4. Previously Active members who have retired.

\_\_\_\_\_ **Student Membership \$30.00 Annual Fee**

Any student actively pursuing a degree in the science of horticulture or landscape design and development.

**Please remit within 30 days. Upon notice, membership will be terminated if payment has not been received by the end of the current calendar year.**

**The VNLA needs your help!** \_\_\_\_\_ I wish to serve on a committee. \_\_\_\_\_ I wish to serve on the board of directors.

**Thank you for your continued support!**

☐ **Check enclosed (made payable to VNLA)**

☐ **Visa**

☐ **MasterCard**

**Payment is also available on-line @ [www.greenworksvermont.org](http://www.greenworksvermont.org)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Credit Card #

CCV # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

Authorized Signature: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_