

Membership Application

Contact Information

Company Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Web site: _____

Additional Contact: _____ Email: _____

Additional Contact: _____ Email: _____

Additional Contact: _____ Email: _____

Business Category (Please check all that apply)

- Landscaper
- Landscape Design
- Landscape Architect
- Services Supplier
- Education
- Student
- Government
- Hardgoods Supplier
- Golf Course
- Grower
- Retailer
- Other

Payment Information:

Credit Card Payment:

MasterCard VISA

Amt. Charged: **\$75.00**

Card Number: _____

Expiration Date : _____ Verification Code: _____

Zip Code: _____ Signature: _____

Check Payment: Make Check Payable to Western Nursery & Landscape Association

Amt. Paid: **\$75.00** Check Number: _____

Payment Instructions: Return this form with payment of \$75.00 to:
Western Nursery & Landscape Association, P.O. Box 411747 Kansas City, MO 64141
or fax to 888-233-1876 or Phone: 888-233-1876 ext. 702
E-mail: membership@wnla.org, Web Site: www.wnla.org

The membership year for WNLA runs from July 1 - June 30.

*All applications are subject to the approval of the Western Nursery & Landscape Association Board of Directors and will be considered during the next scheduled board meeting.
You will have full member privileges in the interim.*