

# Mahoning Valley Landscape & Nursery Association



## Application for Membership

(Please print all information.)

Please be sure to complete every line of this application. If non-applicable, put N/A on the appropriate line so that we know that you have read each question. Incomplete applications cannot be processed. To protect the integrity of our organization, new members are required to have all appropriate licenses. All applications are subject to approval by our Board of Directors.

Your Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip+ four \_\_\_\_\_

County \_\_\_\_\_ email \_\_\_\_\_ web site \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Business Street Address (if different from above) \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip+ four \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation

First Year Business Operated: \_\_\_\_\_

Approx. Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Have you previously been a member of the Mahoning Valley Landscape and Nursery Association?

Yes  No If so, when? From \_\_\_\_\_ to \_\_\_\_\_

If you are a member of any other professional organization, please indicate by checking below:

Ohio Nursery & Landscape Association  Ohio Landscape Association

American Nursery & Landscape Association  Ohio Lawn Care Association

If an MVLNA member has recommended you to join, please list him or her here:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list three of your suppliers:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list the type of services/products your company provides, indicating your specialties. (Examples: Residential and Commercial Maintenance; Professional Lawn Care; Design/Build/Management Firm; Wholesale Sales of Landscape Supplies):

\_\_\_\_\_

Name of Your Business Liability Insurance Company: \_\_\_\_\_

Insurance Co. Phone Number: ( ) \_\_\_\_\_

Your Federal ID Number: \_\_\_\_\_

Your Workers' Compensation Risk Number: \_\_\_\_\_  
(To obtain a workers' comp number, call the Workers' Comp District Office in you area)

Your state (OH or PA) Service Vendor's or Vendor's License Number: \_\_\_\_\_  
(To obtain a Service Vendor's License, call your County Auditor's Office.)

Your State Nursery Stock Producer's/Dealer's Certificate Number (if applicable): \_\_\_\_\_  
(To obtain and Ohio Nursery Stock Producer's/ Dealer's Certificate, call the ODA at (614) 728-6400)

Your State Applicator's License Number (if applicable): \_\_\_\_\_  
(To obtain an Ohio Applicator's License; call the ODA at (614) 728-6400)

Do you subcontract all you applications? Yes  No

If yes, please list Vendor's Name \_\_\_\_\_

**I am applying for:**

- Regular Membership:** A regular membership is a firm, partnership, or corporation actively engaged in landscape construction by site improvement, landscape design, landscape installation, landscape maintenance, or lawn care. ....Dues \$135
- Associate Membership:** An associate member is a firm, partnership, or corporation actively engaged in a business or industry allied with landscape contracting. Anyone meeting the criteria for regular membership as previously described is not eligible for associate membership.....Dues \$135
- Affiliate Membership:** (a) An affiliate member is an individual whose profession is dedicated to horticulture education such as, but not limited to, full-time instructors and extension agents; or (b) an individual currently employed by a firm holding either a regular or associate membership in the Association. Anyone meeting the criteria for regular or associate membership as previously described is not eligible for affiliate membership.....Dues \$135
- Master Gardener/Retired MVLNA Member:** A class of membership reserved for (a) an individual that has achieved certification as a Master Gardener through an accredited program (b) an MVLNA member who wished to retire from the landscape industry and would like to remain a member of the association.....Dues \$30
- Student Membership:** A student member is an individual currently enrolled on a full-time basis in an accredited school who is studying in the area of horticulture. Anyone meeting the criteria for regular or associate membership as previously described is not eligible for student membership.....Dues \$20  
Name of School \_\_\_\_\_ Name of Advisor/Instructor \_\_\_\_\_

**\*Membership dues must be paid when submitting your application.**

Fiscal Dues year: January 1<sup>st</sup> through December 31<sup>st</sup>

I, hereby swear that all of the information given on this application is true and correct. I understand that I must keep my licenses and insurances in force to be a member in good standing with the Mahoning Valley Landscape & Nursery Association. A lapse in coverage could cause a suspension of all member privileges.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed application with payment to:

**Mahoning Valley Landscape & Nursery Association**  
**P.O. Box 14223 . Poland Oh 44514**  
**Phone: (330) 757-0884 . Fax: (330) 757-3990**  
**www.mvlna.org**