

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 your 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 your 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 1st through December 31st

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) 757-3990

www.mvlna.org