

# WMNLA Membership Application

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Staff: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email \_\_\_\_\_ Website: \_\_\_\_\_  
Primary Industry Segment

- Arborist\_\_\_
- Botanical Garden\_\_\_
- Hard Goods Supplier\_\_\_
- Horticultural Publication\_\_\_
- Landscape Design\_\_\_
- Landscape Management/Groundskeeper\_\_\_
- Lawn Care\_\_\_
- Retail Center\_\_\_
- Public Speaker\_\_\_
- Wholesale Nursery\_\_\_

Are you a member of the Michigan Nursery & Landscape Association? \_\_\_ Yes \_\_\_ No  
Are you a member of any other MNLA Chapter? \_\_\_ Yes \_\_\_ No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I also wish to enclose my tax deductible contribution to the **WMNLA Scholarship Fund** or the **WMNLA Horticulture Educational Fund Grant Fund** made payable to the Grand Haven Area Community Foundation, One S. Harbor Dr., Grand Haven, MI 49417:

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$75 \_\_\_ \$100 Other \$\_\_\_

**Annual Membership Dues are \$125.**

New members may join at a first year rate of \$75.  
Please enclose a check with your signed membership application to:



**West Michigan Nursery and  
Landscape Association  
P.O. Box 96  
West Olive, MI 49460**