

# Membership Application

Grow Your Business By Association;  
Membership has its privileges!



## GENERAL INFORMATION

**Company Name:**

**Contact Name:**

**Email:**

**Phone:**

**Mobile:**

**Street:**

**City:**

**Province:**

**Postal Code:**

**Date Business Established:**

**Annual Sales:**

**Provide a brief business summary:**

## SPONSORS / REFERENCES

Please provide two current BCLNA Member contacts:

**Company Name:**

**Contact Name:**

**Contact Phone #:**

**Contact Email:**

**Company Name:**

**Contact Name:**

**Contact Phone #:**

**Contact Email:**

## SERVICES YOUR BUSINESS PROVIDES

Check all that apply:

Arboriculture	Grower-Greenhouse	L/S Installation Commercial	Nursery Grower	Sprayer-Residential
Annual Grower	Grower-Nursery	L/S Installation Residential	Retail Nursery	Supplier General
Broker	Grower-Sod	L/S Maintenance Commercial	Perennial Grower	Supplier Landscape
Consultant	Hydroseeding	L/S Maintenance Residential	Propagator	Supplier Equipment
Education	Industry Services	Landscape-Carpentry	Ship Canada	Tree Mover
Floriculture	Interiorscaping	Landscape-Lighting	Ship International	
Florist	Irrigation-Contractor	Landscape-Masonry	Ship USA	
Garden Retailer	Irrigation-Supplies Interior	Lawncare	Snow Removal	
Greenhouse Operator	Plantscaping	Mail Order	Sod Grower	
Government	L/S Design	Media	Sprayer-Commercial	

## STUDENTS

**Institution:**

**Length of Program:**

**Anticipated Completion Date:**

**Instructor's Signature:**

## PLEASE INITIAL

I hereby certify that all information is accurate and true to the best of my knowledge and that I have the authority to make this application on behalf of the applicant. I acknowledge that giving a false statement to the BCLNA Board of Directors constitutes just cause for my expulsion as a member.

I agree that my basic contact information may be shared with other BCLNA members.

I hereby confirm that BCLNA has my express consent to communicate with me by email.

I acknowledge that I will be asked to provide my certificate of incorporation or most recent financial documents (if applicable).

If sole proprietor, I understand that I will have to provide a copy of declaration files from the BC Registrar of Companies.

**Signature**

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## REFERRED BY:

Please select one:

Other (please specify):

## MEMBER CATEGORIES

Please ✓ the category that applies:

**Active:** Individual, partnerships or corporations actively engaged in horticulture business in BC for at least two years, with a reputation for trustworthy dealings. Includes nursery growers, landscape professionals, garden centres, sod growers and arborists. Voting member.

**Associate/Supplier:** Individuals, partnerships or corporations actively engaged in work allied to horticulture as a supplier; not engaged in an 'active' landscape, garden centre or nursery business. Voting member.

**Interim:** Individuals, partnerships or corporations that have been in business in BC for less than two years. Non-voting member.

**Horticulturalists:** Individuals working in the horticulture industry who are (a) not the owner of Active or Associate member businesses; or (b) employees of local, provincial or federal governments, golf courses, educational institutions or (c) not-for-profit organizations or employees allied to the industry. Limited benefits apply. Non-voting member.

**Students:** Individuals attending full time high school, vocational institute, college or university, or indentured in the BC Provincial Apprentice Program. Limited benefits apply. Non-voting member.

**Satellite:** Operations of Active or Associate members can be individually listed in the Association's promotional materials and receives BCLNA communications. Non-voting member.

**Out-of-Province:** Individuals, partnerships or corporations that are in good standing of a nursery, landscape or similar association in their province or state. Limited benefits apply. Non-voting member.

**Sole Proprietor:** An unincorporated business that is owned by one individual. The owner of a sole proprietorship has sole responsibility for making decisions, receives all the profits, claims all losses, and does not have separate legal status from the business.

As a benefit, BCLNA Members and their staff receive a weekly E-Newsletter. Please indicate which newsletter(s) you would like to receive and provide the email addresses they should be directed to.

Retail Ready    Growers Friday File    Landscape Network

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Check for consent to receive SMS messages from BCLNA

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Company Website URL: \_\_\_\_\_

## PAYMENT

Please select the category that best describes your company income or membership type.

Category	Dues
1. Single Operator	\$495
2. ≤ \$300,000	\$680
3. \$300,000 - \$600,000	\$1,150
4. \$600,000 - \$1 Million	\$1,360
5. \$1-\$3 Million	\$1,675
6. \$3-6 Million	\$1,990
6.b. >\$6 Million	\$2,200
7. Interim	\$680
8. Horticulturalist	\$395
9. Out Of Province	\$520
10. Satellite	\$360
11. Student	No fee

**Preferred method of payment:**

Please select one:

Visa

MasterCard

Cheque

Electronic Funds Transfer

Upon membership approval, an invoice will be forwarded via email from [quickbooks@notification.intuit.com](mailto:quickbooks@notification.intuit.com).

Questions regarding the invoice, contact:  
Doris Mars ([dmars@bclna.com](mailto:dmars@bclna.com)).