# **Membership Application**

Grow Your Business By Association; Membership has its privileges!



## GENERAL INFORMATION

Company Name:	Company Website
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:

**Contact Name:** 

**Contact Email:** 

## SERVICES YOUR BUSINESS PROVIDES

### Check all that apply:

**Company Name:** 

Contact Phone #:

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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 Date:

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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.

**Horticulturist:** 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.

**Student:** 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.

**Alumni:** An individual, previously in the industry and a previous member of BCLNA may continue their membership as an alumni member.

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

Please also indicate applicable contact role.

BCLNA Client Accounting Contact Facing

Name: Email:
Name: Email:
Name: Email:

Name: Email:

Check for consent to receive SMS messages from BCLNA

Name: Cell phone:

## **PAYMENT**

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

Category	Dues	Category	Dues	Preferred method of payment:		
≤ \$300,000	\$680	Single Operator	\$495	Please select one:		
≤ \$300,000 Interim	\$340	Single Operator Interim	\$247.50	Please select of le.		
\$300,000-\$600,000	\$1,150	Horticulturist	\$395	Visa		
\$300,000-\$600,000 Interim	\$575	Out Of Province	\$520	MasterCard		
\$600,000 - \$1 Million	\$1,360	Satellite	\$360	Chagua		
\$600,000 - \$1 Million Interim	\$680	Student	Free	Cheque		
\$1-\$3 Million	\$1,675	Alumni	\$120	Electronic Funds Transfer		
\$1-\$3 Million Interim	\$837.50					
\$3-6 Million	\$1,990					
\$3-6 Million Interim	\$995	Upon membership approval, an invoice will be forwarded via email from quickbooks@notification.intuit.com.  Questions regarding the invoice, contact: Doris Mars (dmars@bclna.com).				
>\$6 Million	\$2,200					
>\$6 Million Interim	\$1,100					