



WMNLA Membership Application

Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email _____ Website: _____

Key Employees you would like to receive E-Mail newsletters and information on upcoming events (please include e-mail address)

Primary Industry Segment

- Arborist____
Botanical Garden____
Hard Goods Supplier____
Horticultural Publication____
Landscape Design____
Landscape Management/Groundskeeper____
Lawn Care____
Retail Center____
Public Speaker____
Wholesale Nursery____

_____ 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 \$ _____

Signature: _____ Date: _____

Annual Membership Dues are \$140. New Members are \$100 for the first year.

Make Checks payable to MNLA or Charge to: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

CC #: _____ Exp. Date: _____ CSC Code: _____

Signature: _____ Billing Zip Code: _____ Total: \$ _____