



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: \$ _____