



Central Virginia Nursery & Landscape Association

11349 Saddlewood Lane, Rockville, VA 23146
 (804) 305-1259 fax (804) 749-3720
 www.cvnla.org info@cvnla.org
 Terry Koci, Executive Secretary

APPLICATION FOR MEMBERSHIP

Date _____

Firm Name _____

Representative(s) Name _____

Firm Address _____ **OR** Home Address _____

Phone _____ Fax _____ Phone _____ Fax _____

Email you wish to use for mailings: _____

Address to be used for association business: Firm _____ **OR** Home _____

Sponsored By: _____

(All applicants must be sponsored by an active CVNLA member)

Name and Address of Two (2) Trade References:

Type of Membership

- | | | |
|---|---|--|
| <input type="checkbox"/> Regular (\$45) | <input type="checkbox"/> Associate (\$45) | Advisory/Educational (\$10) |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Sales | <input type="checkbox"/> Instructor (full time) |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Service | <input type="checkbox"/> Extension |
| <input type="checkbox"/> Maintenance | | <input type="checkbox"/> Student |
| <input type="checkbox"/> Landscape Designer | | |

Are you registered as a nurseryman with the State of Virginia? _____

Give number of years actively engaged in the nursery industry. _____

Give number of years applying firm has been in business. _____

Give other industry related associations to which you belong. _____

Are you a VNLA Cert. Horticulturist? yes no Are you a Certified Landscape Designer? yes no
 After submitting this application, the applicant is to attend a regular monthly meeting, the second Tuesday of the month, as the guest of his or her sponsor, or other active member. Membership fees will be assessed after the application has been approved by the general membership.

Signed By: _____

Please Mail to: CVNLA, 11349 Saddlewood Lane, Rockville, VA 23146

 Date Application Received _____

Date Approved by Membership _____