

Membership Application

Landscape & Nursery Association of Greater St. Louis

Application Date: _____

Applicant Name: _____

Business/Affiliation: _____

Address: _____

City: _____ State: ____ Zip: _____ - _____

Phone (day): (____) _____ Phone (eve): (____) _____

Fax (day): (____) _____ Email: _____

Web site: _____

Residence Address: _____

City: _____ State: ____ Zip: _____ - _____

Recommended by: 1) _____

2) _____

Membership Class: ___ **Active Member** Dues (\$ 60.00)

(owner or principal of a green industry business)

___ **Allied Member** Dues (\$ 60.00)

(professionals engaged in a trade allied to the horticultural industry)

___ **Associate Member** Dues (\$ 25.00)

(professionals not qualified for active membership, active students or employees of a green industry business)

Applicant's Professional Profile (check all that apply):

___ **Garden Center** (retail)

___ **Public Horticulture** (gardens, zoos)

___ **Florist** (retail)

___ **Government Agency**

___ **Landscape Designer**

___ **Horticulture Educator**

___ **Landscape Architect**

___ **Garden Writer/Public Speaker**

___ **Landscape Construction Services**

___ **Production Greenhouse** (wholesale)

___ **Landscape Care Services**

___ **Production Nursery** (wholesale)

___ **Arborist**

___ **Turfgrass Sod Grower** (wholesale)

___ **Turfgrass Care Professional**

___ **Hort Sales/Marketing** (wholesale)

___ **Landscape Manager** (on-site)

___ **Distributor** (wholesale)

___ **Horticultural Consultant**

___ **Business Services**

Please make your dues payable to:

LNAGSL

Please mail this completed membership application and member dues to:

LNAGSL

1328 Forest Avenue Kirkwood, MO 63122-6911