



CHATTANOOGA ASSOCIATION OF LANDSCAPE PROFESSIONALS MEMBERSHIP APPLICATION*

Please fill out the following form completely. All information must be included before the membership application can be processed.

Date: _____ Company Name: _____

Company Address: _____
Street or P.O. Box

City _____ State _____ Zip _____

Business Phone: _____ Alt. Phone (cell, home, etc.) _____ Fax: _____

Email address: _____ Company Website: _____

Your Name (Mr., Mrs., Ms.): _____

Position in Company: _____

Desired Membership Category:

_____ Professional/Associate Member - Annual Dues \$100 (Voting Member): Privately owned/licensed company related to the Landscape Industry (Landscape contractors, Landscape Architects and Designers, Landscape Maintenance, Garden Centers, Suppliers, etc).

_____ Affiliate/Apprentice Member – Annual Dues \$30 (Non-Voting Member): Research and Education Agencies, Students, Government Agencies, New professional landscape company for 1st two years, Individuals employed by or retired from eligible companies that are not members of the association, etc.

To be considered for membership in the Chattanooga Association of Landscape Professionals as a Landscape Professional, you must have a current Business License and Plant Dealer Certification. Please provide the information below.

Business License # _____ Expiration Date _____

Location Where Issued _____

Plant Dealer Certification # _____ State _____ Expiration Date _____

Please provide the names of three references who are members of the Chattanooga Association of Landscape Professionals.

1. _____

2. _____

3. _____

Check for \$ _____ enclosed/accompanying application

*Submission of Membership Application indicates willingness to adhere to "Landscape Professionals Code of Ethics" by Applicant.

Chattanooga Association of Landscape Professional
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