



WISCONSIN LANDSCAPE CONTRACTORS ASSOCIATION, INC  
 21620 Belgren Road – Waukesha, WI 53186  
 (262) 782-9522 – FAX (262) 786-2424  
 Outside the Milwaukee area (800) 933-9522  
 Website: [www.findalandscape.org](http://www.findalandscape.org)

**APPLICATION FOR MEMBERSHIP**

Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

2008

<u>CHAPTER</u>	<u>ANNUAL DUES</u>	<u>CHAPTER BENEFITS INCLUDE/OFFER</u>
_____ Fox Cities	\$ 200.00	Monthly Meetings (Approximately 6 are Educational), Summer Party & Christmas Party
_____ Green Bay	\$ 225.00	Monthly Dinner Meetings, Summer Outing, the Green Bay Garden Show and a Golf Outing
_____ Madison	\$ 300.00	Monthly Meetings w/ Speakers, Newsletter, Group Advertising, Special Projects, Corn Boil & Christmas Party
_____ Metro Milwaukee	\$ 365.00	Monthly Dinner Meetings w/Speakers, Monthly Chapter Newsletter, Golf Outing, Christmas Party, Foreman’s Conference and a Design Symposium
_____ Southeast	\$ 250.00	Monthly Dinner Meetings w/ Speakers & Tours, Field Day, Golf Outing, Winter Green Seminar and Christmas Party
_____ Member at Large	\$ 200.00	Member at Large status covers all of the WLCA member benefits outlined in membership brochure. It is open to <b><u>contractor members only</u></b> . A Member at Large member may not be located within the boundaries of Milwaukee, Ozaukee, Washington, Waukesha, Jefferson, Dane, Racine Kenosha, Brown, Calumet, Outagamie of Winnebago counties. If you are located outside these counties, you may elect to join either the closest chapter or be a Member at Large

**NOTE:** Some chapters include the cost of dinner at meetings in their dues while others do not.

**State WLCA & WGIF:** Chapter dues include membership in the WLCA State Association and in the Wisconsin Green Industry Federation (WGIF). WGIF provides members with a monthly newsletter - **Green Side Up**, a lobbyist who represents the industry in Madison as well as other membership benefits.

**PLANET AFFILIATION:** WLCA is a state member of the Professional Landcare Network (PLANET) which entitles WLCA members access to PLANET educational publications and programs.

## GOALS OF THE WLCA

- ✓ To Promote and Improve the Image of "Professional" Landscaping.
- ✓ To Encourage a High Standard of Professional Ethics as well as Quality Workmanship in the Landscape Contracting Industry.
- ✓ To Support Legislation Which is Beneficial to Landscape Contractors, the General Public and the Environment, and to Oppose That Which Is Not.
- ✓ To Serve as a Forum for the Free Exchange of Ideas Between Landscape Contractors and Their Suppliers.
- ✓ To Create a Higher Degree of Public Appreciation for the Landscape Industry.
- ✓ To Carry Out a Program of Practical Instruction for Those Engaged in Landscaping Through Monthly Meetings, Special Programs, Seminars and Publications.
- ✓ To Work for a Greener More Beautiful Wisconsin.

Description of Profession, Business or Operation: \_\_\_\_\_

\_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Names of Principals: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current WLCA Member Reference: \_\_\_\_\_

Other Organizations or Associations of Which You are a Current Member \_\_\_\_\_

### Business References from Industry:

1. Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

2. Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

3. Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Enclosed with my application is a check in the amount of \$\_\_\_\_\_, made payable to WLCA. I understand that Association dues may change from time to time and that acceptance of my application for membership is subject to the review and approval of the local chapter which may determine the qualifications for membership in their respective organization.

Visa/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_