



Wisconsin Landscape Contractors Association

21620 Belgren Road • Waukesha • WI • 53186 • 262.782.9522 • Fax - 262.786.2424
wlca@wi.twcbc.com

APPLICATION FOR MEMBERSHIP

Firm Name:

Address:

City/State/Zip:

Contact Name:

Phone Number:

Fax Number:

Email Address:

Website:

Chapter

2026
Annual
Dues

Chapter Benefits Include or Offer

Fox Cities

\$325.00

Monthly Meetings (Approximately 6 are Educational), Summer Party and Christmas Party

Metro Milwaukee

\$475.00

Monthly Dinner Meetings with Speakers, Golf Outing, Christmas Party, Landscape University, Design Management Seminar, Owner's Summit, Company Website Link from Chapter Website and Reduced Rate Employment and Company Advertising on Chapter Website.

Member at Large

\$135.00

Member at Large covers all of the WLCA member benefits outlined in membership brochure. Member at Large may not be located within the boundaries of the following counties: Milwaukee, Waukesha, Washington, Jefferson, Ozaukee, Calumet, Outagamie or Winnebago. If you are located outside these counties you may elect to join either the closest chapter or become a Member at Large.

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

WLCA State: Chapter dues include membership in the WLCA State Association.

NALP Affiliation: WLCA is a state member of the National Association of Landscape Professionals (NALP).

WLCA GOALS

- ◆ 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 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

Name of Principal _____ Phone Number: _____

Current WLCA Member Reference: _____

Other Organization or Associations of which you are a current member: _____

Industry Business References:

1. Firm Name: _____

Contact Name: _____ Phone Number: _____

2. Firm Name: _____

Contact Name: _____ Phone Number: _____

3. Firm Name: _____

Contact Name: _____ Phone Number: _____

Mail completed application along with check for payment in full, made payable to WLCA to:

WLCA • 21620 Belgren Road • Waukesha • WI • 53186

Also payable by Visa MasterCard or American Express

Name on Card: _____

Billing Address _____ City _____ State _____ Zip _____

Visa/MasterCard/Amex Number: _____ Expiration Date: _____ CVV: _____

Signed _____ Title _____ Date _____